

FORM
5Rev
09/14State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

401713991

Date Received:

07/25/2018

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 10133

Contact Name: Amanda Walker

Name of Operator: HILCORP ENERGY COMPANY

Phone: (505) 324.5122

Address: P O BOX 61229

Fax:

City: HOUSTON State: TX Zip: 77208

API Number 05-067-09924-03

County: LA PLATA

Well Name: ALLISON UNIT COM

Well Number: 138H

Location: QtrQtr: LOT 3 Section: 8 Township: 32N Range: 6W Meridian: N

Footage at surface: Distance: 176 feet Direction: FNL Distance: 2615 feet Direction: FWL

As Drilled Latitude: 36.999650 As Drilled Longitude: -107.481916

GPS Data:

Date of Measurement: 04/07/2014 PDOP Reading: 1.0 GPS Instrument Operator's Name: Marshall W. Lindeen

** If directional footage at Top of Prod. Zone Dist.: 449 feet. Direction: FSL Dist.: 2028 feet. Direction: FEL

Sec: 22 Twp: 32N Rng: 06W

** If directional footage at Bottom Hole Dist.: 830 feet. Direction: FNL Dist.: 1113 feet. Direction: FWL

Sec: 22 Twp: 32N Rng: 06W

Field Name: IGNACIO BLANCO

Field Number: 38300

Federal, Indian or State Lease Number: COC 73972

Spud Date: (when the 1st bit hit the dirt) 04/23/2018 Date TD: 07/07/2018 Date Casing Set or D&A: 05/17/2018

Rig Release Date: 07/08/2018 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 6300 TVD** 2535 Plug Back Total Depth MD 6292 TVD** 2535

Elevations GR 6134 KB 6151 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	9+5/8	32.3	0	528	280	0	533	VISU
1ST	8+3/4	7	23	0	3,495	790	42	3,539	CBL
1ST LINER	6+1/4	4+1/2	11.6	2889	6,294	6,294			

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NACIMIENTO	862	1,961			
OJO ALAMO	1,961	2,035			
KIRTLAND	2,035	2,582			
FRUITLAND COAL	2,582	3,433			

Comment:

SHL is i NM (API# 3004535634), BHL and prodcuton will come from Colorado.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Amanda Walker

Title: Operation/Regulatory Tech

Date: 7/25/2018

Email: mwalker@hilcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
401714228	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401714230	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
401713991	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401714251	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401714254	PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401714255	PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401714341	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

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06/12

State of Colorado

Oil and Gas Conservation Commission

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Document Number:
401714369Date Received:
07/25/2018

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10133
2. Name of Operator: HILCORP ENERGY COMPANY
3. Address: P O BOX 61229
City: HOUSTON State: TX Zip: 77208
4. Contact Name: Amanda Walker
Phone: (505) 324-5122
Fax:
Email: mwalker@hilcorp.com

5. API Number 05-111-09924-03
6. County: LA PLATA
7. Well Name: ALLISON UNIT COM
Well Number: 138H
8. Location: QtrQtr: LOT 3 Section: 8 Township: 32N Range: 6W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 07/13/2018

Perforations Top: 2890 Bottom: 6292 No. Holes: Hole size:

Provide a brief summary of the formation treatment: Open Hole: ☒

This is a HZ lateral Unplanned ST 2 that was drilled inot the Fruitland Coal, and only circ clean, then pre-perfd liner ran. No stimulation took place.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Min frac gradient (psi/ft):

Total acid used in treatment (bbl): Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

SHL is in NM (API# 3004535634). BHL and production will come from Colorado.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Amanda Walker

Title: Operation/Regulatory Tech Date: 7/25/2018 Email : mwalker@hilcorp.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401714369	FORM 5A SUBMITTED
401714387	OTHER

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Corrected perf top, per operator.	07/25/2018

Total: 1 comment(s)