

FORM
5
Rev
09/14

State of Colorado
Oil and Gas Conservation Commission

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



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Document Number:
401660316

Date Received:
06/08/2018

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 Ray
 Name of Operator: HILCORP ENERGY COMPANY Phone: (505) 324.5122
 Address: P O BOX 61229 Fax: _____
 City: HOUSTON State: TX Zip: 77208

DISTRICT 111

JUN 14 2018

NMCCO

API Number 05-067-09924-01 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: FNL Dist.: 2028 feet. Direction: FEL
 Sec: 22 Twp: 32N Rng: 06W

** If directional footage at Bottom Hole Dist.: 751 feet. Direction: FNL Dist.: 887 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: 05/16/2018 Date Casing Set or D&A: 05/17/2018
 Rig Release Date: 05/21/2018 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 6514 TVD** 2545 Plug Back Total Depth MD 6483 TVD** 2544
 Elevations GR 6134 KB 6151 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL, Resistivity and MWD log are combined on MWD log

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	3069	6,484				

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			
PICTURED CLIFFS	3,433				

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 Ray

Title: Operation/Regulatory Tech Date: 6/8/2018 Email: mwalker@hilcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401667610	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"/>
401667611	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
401660316	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401667609	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401667619	TIF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401667633	TIF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401668253	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401668262	LAS-CEMENT BOND	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)