

FORM 5

Rev 09/14

State of Colorado Oil and Gas Conservation Commission

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DE ET OE ES

Document Number:

401667671

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 [X] Final completion [] Preliminary completion

OGCC Operator Number: 10133
Name of Operator: HILCORP ENERGY COMPANY
Address: P O BOX 61229
City: HOUSTON State: TX Zip: 77208

Contact Name: Amanda Ray
Phone: (505) 324.5122
Fax:
MOCOD JUN 14 2018 DISTRICT 111

API Number 05-067-09924-00 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: FWL
Sec: 22 Twp: 32N Rng: 06W

** If directional footage at Bottom Hole Dist.: 449 feet. Direction: FNL Dist.: 2028 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 [X] Gas/Coalbed [] Disposal [] Stratigraphic [] Enhanced Recovery [] Storage [] Observation

Total Depth MD 3539 TVD** 2752 Plug Back Total Depth MD 3449 TVD** 2714

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

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include SURF and 1ST casing details.

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 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"/>
401667840	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"/>
401667841	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
401667671	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401667831	TIF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401667838	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401668269	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401668271	TIF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401668273	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)