

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:
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

DISTRICT 111
JUL 28 2018

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 prodcution 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 ?	
Attachment Checklist			
	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"/>
Other Attachments			
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)

Comment:

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

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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)