

**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:  
401137084

Date Received:

**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: 10542 Contact Name: Paul Gottlob  
 Name of Operator: CUB CREEK ENERGY Phone: (720) 420-5747  
 Address: 200 PLAZA DRIVE SUITE 100 Fax: \_\_\_\_\_  
 City: HIGHLANDS State: CO Zip: 80129

API Number 05-123-43249-00 County: WELD  
 Well Name: MARKHAM Well Number: 3  
 Location: QtrQtr: NWSE Section: 32 Township: 4N Range: 68W Meridian: 6  
 Footage at surface: Distance: 2357 feet Direction: FSL Distance: 1515 feet Direction: FEL  
 As Drilled Latitude: 40.268720 As Drilled Longitude: -105.023120

GPS Data:  
 Date of Measurement: 11/04/2016 PDOP Reading: 3.5 GPS Instrument Operator's Name: Casey Kohout

\*\* If directional footage at Top of Prod. Zone Dist.: 568 feet. Direction: FSL Dist.: 460 feet. Direction: FEL  
 Sec: 32 Twp: 4N Rng: 68W  
 \*\* If directional footage at Bottom Hole Dist.: 439 feet. Direction: FSL Dist.: 485 feet. Direction: FWL  
 Sec: 32 Twp: 4N Rng: 68W

Field Name: WATTENBERG Field Number: 90750  
 Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 07/27/2016 Date TD: 08/24/2016 Date Casing Set or D&A: 08/26/2016  
 Rig Release Date: 10/20/2016 Per Rule 308A.b.

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

Total Depth MD 12106 TVD\*\* 7064 Plug Back Total Depth MD 12088 TVD\*\* 7064

Elevations GR 5042 KB 5064 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL, Mud, MWD, (Triple Combo in API 05-123-43275)

**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
CONDUCTOR	26	16	43	0	80	400	0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,540	550	0	1,540	VISU
1ST	8+3/4	5+1/2	17	0	12,101	2,085	2,000	12,101	CBL

### 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	
PARKMAN	3,737		NO	NO	
SUSSEX	4,220		NO	NO	
SHARON SPRINGS	7,350		NO	NO	
NIOBRARA	7,569		NO	NO	

Comment:

The stated footages for the TPZ are at MD 7728', TVD 7036', if changed upon completion this will be updated on the Form 5A.

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

Signed: \_\_\_\_\_

Print Name: Paul Gottlob

Title: Regulatory & Engin. Tech. Date: \_\_\_\_\_ Email: paul.gottlob@iptenergyservices.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
401164858	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401161158	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"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
401158636	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401158638	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401158641	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401158643	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401158645	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401158646	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401161156	DIRECTIONAL DATA	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)