

DRILLING COMPLETION REPORT

Document Number:
401137091

Date Received:

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 05-123-43244-00 County: WELD
 Well Name: MARKHAM Well Number: 6
 Location: QtrQtr: NWSE Section: 32 Township: 4N Range: 68W Meridian: 6
 Footage at surface: Distance: 2405 feet Direction: FSL Distance: 1515 feet Direction: FEL
 As Drilled Latitude: 40.268850 As Drilled Longitude: -105.023130

GPS Data:
 Date of Measurement: 11/04/2016 PDOP Reading: 3.0 GPS Instrument Operator's Name: Casey Kohout

** If directional footage at Top of Prod. Zone Dist.: 1182 feet. Direction: FSL Dist.: 460 feet. Direction: FEL
 Sec: 32 Twp: 4N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 1113 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) 07/30/2016 Date TD: 09/07/2016 Date Casing Set or D&A: 09/09/2016
 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 12023 TVD** 7065 Plug Back Total Depth MD 11996 TVD** 7065
 Elevations GR 5041 KB 5063 **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	1,551	550	0	1,551	VISU
1ST	8+3/4	5+1/2	17	0	12,014	2,070	1,540	12,014	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	3,653		NO	NO	
SUSSEX	4,146		NO	NO	
SHARON SPRINGS	7,233		NO	NO	
NIOBRARA	7,434		NO	NO	

Comment:

The stated footages for the TPZ are at MD 7656', TVD 7096', 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 ?	
Attachment Checklist			
401161344	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401161206	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"/>
Other Attachments			
401158688	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401158689	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401158691	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401158692	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401158694	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401158696	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401161198	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)