

FORM
5Rev
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



DE ET OE ES

Document Number:

401137110

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 05-123-43275-00

County: WELD

Well Name: MARKHAM

Well Number: 11

Location: QtrQtr: NWSE Section: 32 Township: 4N Range: 68W Meridian: 6

Footage at surface: Distance: 2485 feet Direction: FSL Distance: 1517 feet Direction: FEL

As Drilled Latitude: 40.269070 As Drilled Longitude: -105.023130

GPS Data:

Date of Measurement: 11/04/2016 PDOP Reading: 4.2 GPS Instrument Operator's Name: Casey Kohout

** If directional footage at Top of Prod. Zone Dist.: 2338 feet. Direction: FSL Dist.: 460 feet. Direction: FEL

Sec: 32 Twp: 4N Rng: 68W

** If directional footage at Bottom Hole Dist.: 2262 feet. Direction: FSL Dist.: 474 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) 08/04/2016 Date TD: 08/10/2016 Date Casing Set or D&A: 08/13/2016

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 12158 TVD** 7286 Plug Back Total Depth MD 12122 TVD** 7286

Elevations GR 5039 KB 5061

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, Mud, MWD, Triple Combo

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	1,527	550	0	1,527	VISU
1ST	8+3/4	5+1/2	17	0	12,143	2,125	1,220	12,143	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	3,562		NO	NO	
SUSSEX	4,054		NO	NO	
SHARON SPRINGS	7,143		NO	NO	
NIOBRARA	7,302		NO	NO	
FORT HAYS	7,750		NO	NO	
CODELL	7,851		NO	NO	

Comment:

The stated footages for the TPZ are at MD 7771', TVD 7284', 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 ?
<u>Attachment Checklist</u>		
401161410	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401161317	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"/>
<u>Other Attachments</u>		
401158863	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401158866	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401158873	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401158879	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401158880	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401158884	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401158889	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401158893	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401161307	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)