

FORM 5A

Rev 06/12

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: 401269546

Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10542 4. Contact Name: Alex Corey
 2. Name of Operator: CUB CREEK ENERGY Phone: (713) 4087174
 3. Address: 200 PLAZA DRIVE SUITE 100 Fax: _____
 City: HIGHLANDS State: CO Zip: 80129 Email: alex.corey@cub-creek.com

5. API Number 05-123-43649-00 6. County: WELD
 7. Well Name: MARKHAM Well Number: 2
 8. Location: QtrQtr: NWSE Section: 32 Township: 4N Range: 68W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/08/2016 End Date: 11/12/2016 Date of First Production this formation: 05/13/2017
 Perforations Top: 8052 Bottom: 12352 No. Holes: 540 Hole size: 0.4

Provide a brief summary of the formation treatment: Open Hole:

Performed 20 Stage Frac, using a total of 3,480,750 lbs 30/50 White Sand, 3,510,650 lbs 40/70 White Sand and 338,960 lb 20/40 Cureable Resin, Total Fluid used 109,020 bbls, Max PSI 8,810, Max Rate 88 BPM, Max ISIP 3,648, Total of 540 holes, Perf. Diam. 0.40"

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 109020 Max pressure during treatment (psi): 7993
 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.85
 Total acid used in treatment (bbl): 0 Number of staged intervals: 20
 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 63123
 Fresh water used in treatment (bbl): 109020 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 7330360 Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/13/2017 Hours: 41 Bbl oil: 379 Mcf Gas: 142 Bbl H2O: 1174
 Calculated 24 hour rate: Bbl oil: 687 Mcf Gas: 83 Bbl H2O: 687 GOR: 375
 Test Method: Flowing Casing PSI: 1897 Tubing PSI: 938 Choke Size: 18
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1405 API Gravity Oil: 44
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 7132 Tbg setting date: 02/02/2017 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

The stated footages for the TPZ are at a depth of 7335.6', 353.5' FSL, 474' FEL.
BHL 253' FSL, 482' FWL.

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

Signed: _____ Print Name: Alexander Corey

Title: Engineering Manager Date: _____ Email alex.corey@cub-creek.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401281742	COMPLETED INTERVAL REPORT

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)