

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:

401403136

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 GOTTLÖB

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 05-123-42773-00

County: WELD

Well Name: Litzenberger

Well Number: 9

Location: QtrQtr: SENE Section: 8 Township: 3N Range: 68W Meridian: 6

Footage at surface: Distance: 1928 feet Direction: FNL Distance: 1109 feet Direction: FEL

As Drilled Latitude: 40.242330 As Drilled Longitude: -105.021560

GPS Data:

Date of Measurement: 09/15/2017 PDOP Reading: 2.2 GPS Instrument Operator's Name: Scott Sherard

** If directional footage at Top of Prod. Zone Dist.: 1770 feet. Direction: FNL Dist.: 460 feet. Direction: FEL

Sec: 8 Twp: 3N Rng: 68W

** If directional footage at Bottom Hole Dist.: 1801 feet. Direction: FNL Dist.: 471 feet. Direction: FWL

Sec: 8 Twp: 3N Rng: 68W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 05/20/2017 Date TD: 07/04/2017 Date Casing Set or D&A: 07/06/2017

Rig Release Date: 09/10/2017 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 11828 TVD** 7057 Plug Back Total Depth MD 11791 TVD** 7057

Elevations GR 5081 KB 5098 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, Mud, MWD/LWD, (Triple Combo in API 05-123-42781)

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	1,524	386	0	1,524	VISU
1ST	8+1/2	5+1/2	17	0	11,817	1,820	0	11,817	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	3,606		NO	NO	
SUSSEX	4,073		NO	NO	
SHARON SPRINGS	7,005		NO	NO	
NIOBRARA	7,246		NO	NO	

Comment:

The stated footages for the TPZ are at MD 7481', TVD 7130', 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 GOTTLÖB

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

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
401405879	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401405789	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>		
401405787	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401405804	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401405809	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401405810	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401405811	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401433329	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401435041	LAS-CEMENT BOND	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)