

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:
401403170

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 05-123-42776-00 County: WELD
 Well Name: Litzenberger Well Number: 19
 Location: QtrQtr: SENE Section: 8 Township: 3N Range: 68W Meridian: 6
 Footage at surface: Distance: 1953 feet Direction: FNL Distance: 1154 feet Direction: FEL
 As Drilled Latitude: 40.242260 As Drilled Longitude: -105.021730

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.: 1066 feet. Direction: FSL Dist.: 460 feet. Direction: FEL
 Sec: 8 Twp: 3N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 1096 feet. Direction: FSL Dist.: 475 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) 07/23/2017 Date TD: 08/29/2017 Date Casing Set or D&A: 08/30/2017
 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 12293 TVD** 7032 Plug Back Total Depth MD 12249 TVD** 7032

Elevations GR 5082 KB 5099 **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	1,539	406	0	1,539	VISU
1ST	8+1/2	5+1/2	17	0	12,274	1,885	225	12,274	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	3,782		NO	NO	
SUSSEX	4,282		NO	NO	
SHARON SPRINGS	7,414		NO	NO	
NIOBRARA	7,595		NO	NO	

Comment:

The stated footages for the TPZ are at MD 8023', TVD 7138', if changed upon completion this will be updated on the Form 5A.
(TAKEN FROM THE DIRECTIONAL SURVEY)

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 ?	
Attachment Checklist			
401408081	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401437491	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			
401407021	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401407022	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401407023	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401407035	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401433341	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401435050	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401437484	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)