

Document Number:  
401447804

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: 81490 Contact Name: PAUL GOTTLÖB  
 Name of Operator: ST CROIX OPERATING INC Phone: (720) 420-5747  
 Address: P O BOX 13799 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80201

API Number 05-121-11070-00 County: WASHINGTON  
 Well Name: CLOVER-SCHENK Well Number: 1  
 Location: QtrQtr: NWSW Section: 24 Township: 2S Range: 53W Meridian: 6  
 Footage at surface: Distance: 2020 feet Direction: FSL Distance: 1200 feet Direction: FWL  
 As Drilled Latitude: 39.862670 As Drilled Longitude: -103.270080

GPS Data:  
 Date of Measurement: 11/17/2017 PDOP Reading: 2.2 GPS Instrument Operator's Name: Craig Burke

\*\* If directional footage at Top of Prod. Zone Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_  
 Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_  
 \*\* If directional footage at Bottom Hole Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_  
 Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

Field Name: WILDCAT Field Number: 99999  
 Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 10/17/2017 Date TD: 10/25/2017 Date Casing Set or D&A: 10/27/2017  
 Rig Release Date: 10/27/2017 Per Rule 308A.b.

Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 4750 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 4750 TVD\*\* \_\_\_\_\_  
 Elevations GR 4875 KB 4881 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
Triple Combo, Mud

**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
SURF	12+1/4	8+5/8	23	0	428	280	0	428	VISU
OPEN HOLE	7+7/8			428	4,750				

**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	
NIOBRARA	3,651		NO	NO	
D SAND	4,467		NO	NO	
HUNTSMAN	4,589		NO	NO	
J SAND	4,617		NO	NO	

Comment:

Original GL Elevation was incorrectly measured by the Surveying company and after permit was approved when the Location Construction company arrived this was discovered. Re-survey done and correct elevation at wellhead is 4875' - a corrected Plat is attached.  
Well was drilled and abandoned per Form 2 directions - dry hole.

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 ?	
<b>Attachment Checklist</b>			
401452907	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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"/>
<b>Other Attachments</b>			
401447806	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401447807	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401447808	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401447867	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

--

--

Stamp Upon Approval
------------------------

Total: 0 comment(s)