

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:

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 ?			
<u>Attachment Checklist</u>					
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"/>
<u>Other Attachments</u>					
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
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Total: 0 comment(s)