

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



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Document Number:

401581506

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: 10575

Contact Name: Kamrin Ruder

Name of Operator: 8 NORTH LLC

Phone: (270) 9747743

Address: 370 17TH STREET SUITE 5300

Fax:

City: DENVER State: CO Zip: 80202

API Number 05-123-41935-00

County: WELD

Well Name: Cox

Well Number: 5

Location: QtrQtr: NENW Section: 22 Township: 12N Range: 64W Meridian: 6

Footage at surface: Distance: 882 feet Direction: FNL Distance: 2233 feet Direction: FWL

As Drilled Latitude: 40.998656 As Drilled Longitude: -104.534695

GPS Data:

Date of Measurement: 03/23/2018 PDOP Reading: 2.0 GPS Instrument Operator's Name: TRAVIS WINNICKI

** If directional footage at Top of Prod. Zone Dist.: 300 feet. Direction: FNL Dist.: 527 feet. Direction: FWL

Sec: 23 Twp: 12N Rng: 64W

** If directional footage at Bottom Hole Dist.: 620 feet. Direction: FSL Dist.: 600 feet. Direction: FWL

Sec: 26 Twp: 12N Rng: 64W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/11/2018 Date TD: 01/26/2018 Date Casing Set or D&A: 01/27/2018

Rig Release Date: 01/28/2018 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 19008 TVD** 8043 Plug Back Total Depth MD 18988 TVD** 8043

Elevations GR 5556 KB 5585 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

MUD, MWD, CBL (TRIPLE COMBO in API 123-41933)

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	24	16	42	0	80	100	0	80	VISU
SURF	12+1/4	9+5/8	36	0	1,730	600	0	1,730	VISU
1ST	8+1/2	5+1/2	20	0	18,988	3,100	384	18,988	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	3,375		NO	NO	
SUSSEX	4,326		NO	NO	
SHANNON	4,708		NO	NO	
SHARON SPRINGS	8,866		NO	NO	
NIOBRARA	8,930		NO	NO	
FORT HAYS	9,369		NO	NO	
CODELL	9,542		NO	NO	

Comment:

Cox 5 drilled by 8 North. Sold to Clear Creek April 2018.
The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 ½" casing) crosses the 460' setback hardline. The actual footages will be submitted with the Form 5A (submission will be by Clear Creek).
The triple combo log was ran on Cox 1 (123-41933)

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

Signed: _____

Print Name: Kamrin Ruder

Title: Drilling Technician

Date: _____

Email: kruder@extractionog.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401581669	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401581665	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>			
401581535	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401581539	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401581623	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401581630	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401581662	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)