

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:

401580634

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: 10658

Contact Name: PAUL GOTTLÖB

Name of Operator: CAPTIVA ENERGY PARTNERS LLC

Phone: (720) 420-5747

Address: PO BOX 281108

Fax:

City: LAKEWOOD State: CO Zip: 80228

API Number 05-123-45407-00

County: WELD

Well Name: STILLROVEN FARM

Well Number: 6

Location: QtrQtr: NENE Section: 5 Township: 3N Range: 68W Meridian: 6

Footage at surface: Distance: 640 feet Direction: FNL Distance: 310 feet Direction: FEL

As Drilled Latitude: 40.260540 As Drilled Longitude: -105.018810

GPS Data:

Date of Measurement: 03/15/2018 PDOP Reading: 2.2 GPS Instrument Operator's Name: Scott Sherard

** If directional footage at Top of Prod. Zone Dist.: 1141 feet. Direction: FNL Dist.: 460 feet. Direction: FEL

Sec: 5 Twp: 3N Rng: 68W

** If directional footage at Bottom Hole Dist.: 1125 feet. Direction: FNL Dist.: 470 feet. Direction: FWL

Sec: 5 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) 02/15/2018 Date TD: 02/23/2018 Date Casing Set or D&A: 02/25/2018

Rig Release Date: 02/26/2018 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 12286 TVD** 7062 Plug Back Total Depth MD 12262 TVD** 7062

Elevations GR 5075 KB 5098 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, MUD, MWD

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	200	0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,547	380	0	1,547	VISU
1ST	8+1/2	5+1/2	17	0	12,275	1,850	0	12,275	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	3,665		NO	NO	
SUSSEX	4,028		NO	NO	
SHANNON	4,896		NO	NO	
SHARON SPRINGS	7,276		NO	NO	
NIOBRARA	7,352		NO	NO	

Comment:

The Directional Footages at TPZ & BHL are directly from the attached Directional Survey and if these change with the Completion of the well, it will be reported on the Form 5A.
Form 5A will not be submitted in conjunction with this Form 5 as the expected completion of the well will not be until June or later this year.

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>		
401582501	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401601413	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>		
401580798	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401580807	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401582513	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401582514	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401582515	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401601411	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401613532	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401613533	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)