

FORM
5ARev
06/12

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:

401703902

Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10542 4. Contact Name: Alex Corey
 2. Name of Operator: CUB CREEK ENERGY Phone: (303) 4466140
 3. Address: 200 PLAZA DRIVE SUITE 100 Fax: _____
 City: HIGHLANDS State: CO Zip: 80129 Email: alex.corey@cub-creek.com

5. API Number 05-123-42782-00 6. County: WELD
 7. Well Name: Litzenberger Well Number: 5
 8. Location: QtrQtr: SENE Section: 8 Township: 3N Range: 68W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 02/11/2018 End Date: 02/17/2018 Date of First Production this formation: 06/21/2018
 Perforations Top: 7874 Bottom: 12087 No. Holes: 540 Hole size: 0.4

Provide a brief summary of the formation treatment:

Open Hole: ☐

Performed 20 Stage Frac, using a total of 3,280,280 lbs 20/40 White Sand, 2,320,120 lbs 40/70 White Sand, Total Fluid used 93,879 bbls, Max PSI 8,683, Max Rate 91 BPM, Max ISIP 3,648, Total of 540 holes, Perf. Diam. 0.40"

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 93879Max pressure during treatment (psi): 8683Total gas used in treatment (mcf): 0Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.85Total acid used in treatment (bbl): 34Number of staged intervals: 20Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 11570Disposition method for flowback: DISPOSALTotal proppant used (lbs): 5611643Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/15/2018 Hours: 12 Bbl oil: 142 Mcf Gas: 164 Bbl H2O: 162
 Calculated 24 hour rate: Bbl oil: 284 Mcf Gas: 328 Bbl H2O: 324 GOR: 1
 Test Method: flowback Casing PSI: 2100 Tubing PSI: 900 Choke Size: 16
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1405 API Gravity Oil: 44
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7461 Tbg setting date: 02/04/2018 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____

** Sacks cement on top: _____

** Wireline and Cement Job Summary must be attached.

Comment:

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

Signed: _____ Print Name: Garrett Baily

Title: Petroleum Engineer Date: _____ Email: garrett.baily@cub-creek.com
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Attachment Check List

Att Doc Num **Name**

401712821	OPERATIONS SUMMARY
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)