

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

5. API Number <u>05-123-42780-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Litzenberger</u>	Well Number: <u>7</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>8</u> Township: <u>3N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u>	Field Code: <u>90750</u>

Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>03/04/2018</u>	End Date: <u>03/09/2018</u>	Date of First Production this formation: <u>06/27/2018</u>
Perforations Top: <u>7610</u>	Bottom: <u>11819</u>	No. Holes: <u>520</u> Hole size: <u>0.4</u>

Provide a brief summary of the formation treatment: Open Hole:

Performed 28 Stage Frac, using a total of 4,592,020 lbs 20/40 White Sand, 3,248,020 lbs 40/70 White Sand, Total Fluid used 137,056 bbls, Max PSI 9,042, Max Rate 113 BPM, Max ISIP 4,850, Total of 540 holes, Perf. Diam. 0.40"

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>137056</u>	Max pressure during treatment (psi): <u>9042</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.34</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>1.00</u>
Total acid used in treatment (bbl): <u>483</u>	Number of staged intervals: <u>28</u>
Recycled water used in treatment (bbl): <u>0</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): <u>127056</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>7841444</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>06/15/2018</u>	Hours: <u>12</u>	Bbl oil: <u>146</u>	Mcf Gas: <u>188</u>	Bbl H2O: <u>164</u>
Calculated 24 hour rate:	Bbl oil: <u>292</u>	Mcf Gas: <u>376</u>	Bbl H2O: <u>328</u>	GOR: <u>1</u>
Test Method: <u>Flowback</u>	Casing PSI: <u>1550</u>	Tubing PSI: <u>1000</u>	Choke Size: <u>17</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1405</u>	API Gravity Oil: <u>44</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7252</u>	Tbg setting date: <u>02/06/2018</u>	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**

401712835	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)