

Document Number:  
401692394

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: Andy Peterson  
 Name of Operator: ST CROIX OPERATING INC Phone: (970) 203-4263  
 Address: P O BOX 13799 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80201

API Number 05-121-11073-00 County: WASHINGTON  
 Well Name: STATE Well Number: 3-16  
 Location: QtrQtr: NENW Section: 16 Township: 3S Range: 52W Meridian: 6  
 Footage at surface: Distance: 1100 feet Direction: FNL Distance: 1700 feet Direction: FWL  
 As Drilled Latitude: 39.796480 As Drilled Longitude: -103.212720

GPS Data:  
 Date of Measurement: 07/27/2018 PDOP Reading: 1.8 GPS Instrument Operator's Name: Adam Short

\*\* 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: 72/2407

Spud Date: (when the 1st bit hit the dirt) 06/02/2018 Date TD: 06/10/2018 Date Casing Set or D&A: 06/11/2018  
 Rig Release Date: 06/11/2018 Per Rule 308A.b.

Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 4500 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD \_\_\_\_\_ TVD\*\* \_\_\_\_\_  
 Elevations GR 4821 KB 4827 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
Mud, Caliper, Ind-Lin, GR, Por, Triple Combo,

**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	325	250	0	325	VISU
OPEN HOLE	7+7/8			0	4,500				

**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	
FORT HAYS	3,858		NO	NO	
D SAND	4,314		NO	NO	
J SAND	4,370		YES	NO	

Comment:

Well was drilled and abandoned per Form 2 directions - dry hole.  
DST #1 failed, DST #2 attached.

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

Signed: \_\_\_\_\_

Print Name: PAUL GOTTLOB

Title: Regulatory & Engin. Tech.

Date: \_\_\_\_\_

Email: paul.gottlob@iptenergyservices.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
401713999	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"/>
401711613	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
401719243	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916030	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916031	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916032	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916040	PDF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916044	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916055	LAS-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916072	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916074	LAS-INDUCTION	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)

