

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:

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 GOTTLÖB

Title: Regulatory & Engin. Tech. Date: _____ Email: paul.gottlob@iptenergyservices.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
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"/>
<u>Other Attachments</u>			
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)

