

FORM
5

Rev
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



Document Number:

401886781

Date Received:

01/24/2019

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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 05-121-11079-00 County: WASHINGTON
Well Name: JACK CREEK Well Number: 2
Location: QtrQtr: SESE Section: 4 Township: 2S Range: 51W Meridian: 6
Footage at surface: Distance: 900 feet Direction: FSL Distance: 600 feet Direction: FEL
As Drilled Latitude: 39.905070 As Drilled Longitude: -103.089550

GPS Data:
Date of Measurement: 01/10/2019 PDOP Reading: 1.7 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:

Spud Date: (when the 1st bit hit the dirt) 12/14/2018 Date TD: 12/18/2018 Date Casing Set or D&A: 12/19/2018
Rig Release Date: 12/20/2018 Per Rule 308A.b.

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

Total Depth MD 4285 TVD** Plug Back Total Depth MD TVD**
Elevations GR 4594 KB 4614 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
Mud, Caliper, GR, Ind, 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	24	0	503	300	0	503	VISU
OPEN HOLE	7+7/8			0	4,285				

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	
NIOBRARA	3,210		NO	NO	
FORT HAYS	3,640		NO	NO	
D SAND	4,092		NO	NO	
J SAND	4,146		NO	NO	

Operator Comments

The attached Surface Cementing Report is dated 12/14/2018, but the actual cementing took place after midnight, thus occurred on 12/15/2018.
Drilled and PA, dry hole.

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: 1/24/2019 Email: paul.gottlob@iptenergyservices.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401886783	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"/>
	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"/>
Other Attachments			
401886781	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401904871	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916125	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916126	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916133	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916137	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916139	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916147	LAS-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916149	LAS-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916152	LAS-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916154	LAS-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916159	LAS-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Operator has now uploaded complete log suite.	01/24/2019

Total: 1 comment(s)

