

FORM
5Rev
11/20**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:

402545512

Date Received:

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/or 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: 10542

Contact Name: Garrett Baily

Name of Operator: CUB CREEK ENERGY

Phone: (303) 6818424

Address: 200 PLAZA DRIVE SUITE 100

Fax:

City: HIGHLANDS RANCH

State: CO

Zip: 80129

Email: garrett.baily@cub-creek.com

API Number 05-123-47897-00

County: WELD

Well Name: KNIGHT

Well Number: 7

Location: QtrQtr: SWNE

Section: 30

Township: 3N

Range: 68W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 2198 feet

Direction: FNL

Distance: 1558 feet

Direction: FEL

As Drilled Latitude: 40.197710

As Drilled Longitude: -105.041970

GPS Data: GPS Quality Value: 2.0 Type of GPS Quality Value: PDOP

Date of Measurement: 10/18/2017

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone

Dist: feet

Direction: FNL/FSL

Dist: feet

Direction: FEL/FWL

Sec: Twp: Rng:

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole

Dist: feet

Direction: FNL/FSL

Dist: feet

Direction: FEL/FWL

Sec: Twp: Rng:

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/04/2020

Date TD: 09/04/2020

Date Casing Set or D&A: 09/04/2020

Rig Release Date: 09/15/2020 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 1544

TVD** 1536

Plug Back Total Depth MD 1493

TVD** 1490

Elevations GR 5

KB 5

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CASING, LINER AND CEMENT

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
CONDUCTOR	26	16	ASTM	43	0	80				
SURF	13+1/2	9+5/8	J55	36	0	1516	360	1516	0	VISU

Bradenhead Pressure Action Threshold 455 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

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	

Operator Comments:

Surface casing was set on Knight 7 on 9/4/2020. After setting surface casing on all wells spud on the Knight Pad, drilling activities on the pad were suspended on 9/15/2020 prior to the wells being drilled to total depth to allow for the scheduling of a drilling rig capable of drilling the wells to the approved total depth. Cub Creek anticipates the resumption of drilling operations in first quarter of 2021, employing a drilling rig capable of reaching the approved total depth. Cub Creek will also set production casing to TD for all wells drilled, and there will be no simultaneous drilling and completion operations conducted on the pad.

No logs were run on this well.

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

Signed: _____

Print Name: Garrett Bailly

Title: Petroleum Engineer

Date: _____

Email: garrett.bailly@cub-creek.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402550314	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
402550313	DIRECTIONAL DATA	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)

