

FORM
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Rev
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:

402545519

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 05-123-47905-00 County: WELD
Well Name: KNIGHT Well Number: 12
Location: QtrQtr: SWNE Section: 30 Township: 3N Range: 68W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 2243 feet Direction: FNL Distance: 1558 feet Direction: FEL
As Drilled Latitude: 40.197590 As Drilled Longitude: -105.041960
GPS Data: GPS Quality Value: 2.2 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: _____ Dist: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____

FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: _____ feet Direction: _____ Dist: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 09/01/2020 Date TD: 09/01/2020 Date Casing Set or D&A: 09/01/2020

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** 1535 Plug Back Total Depth MD 1492 TVD** 1490

Elevations GR 5 KB 5 Digital Copies of ALL Logs must be Attached

List All Logs Run:

no logs run on surface holes

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	1515	360	1515	0	VISU

Bradenhead Pressure Action Threshold 454 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 12 on 9/1/2020. 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>			
402550321	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>			
402550320	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)

