

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.

Document Number:
401137113

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 10542 Contact Name: Paul Gottlob

Name of Operator: CUB CREEK ENERGY Phone: (720) 420-5747

Address: 200 PLAZA DRIVE SUITE 100 Fax: _____

City: HIGHLANDS State: CO Zip: 80129

API Number 05-123-43274-00 County: WELD

Well Name: MARKHAM Well Number: 12

Location: QtrQtr: NWSE Section: 32 Township: 4N Range: 68W Meridian: 6

Footage at surface: Distance: 2501 feet Direction: FSL Distance: 1517 feet Direction: FEL

As Drilled Latitude: 40.269110 As Drilled Longitude: -105.023130

GPS Data:
Date of Measurement: 11/04/2016 PDOP Reading: 3.0 GPS Instrument Operator's Name: Casey Kohout

** If directional footage at Top of Prod. Zone Dist.: 2502 feet. Direction: FSL Dist.: 460 feet. Direction: FEL
Sec: 32 Twp: 4N Rng: 68W

** If directional footage at Bottom Hole Dist.: 2414 feet. Direction: FSL Dist.: 488 feet. Direction: FWL
Sec: 32 Twp: 4N Rng: 68W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 08/03/2016 Date TD: 10/04/2016 Date Casing Set or D&A: 10/06/2016

Rig Release Date: 10/20/2016 Per Rule 308A.b.

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

Total Depth MD 11955 TVD** 7047 Plug Back Total Depth MD 11932 TVD** 7047

Elevations GR 5038 KB 5060 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, Mud, MWD, (Triple Combo in API 05-123-43275)

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
CONDUCTOR	26	16	43	0	80	400	0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,529	550	0	1,529	VISU
1ST	8+1/2	5+1/2	17	0	11,944	1,910	2,400	11,944	CBL

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	
PARKMAN	3,587		NO	NO	
SUSSEX	4,069		NO	NO	
SHARON SPRINGS	7,156		NO	NO	
NIOBRARA	7,325		NO	NO	

Comment:

The stated footages for the TPZ are at MD 7591', TVD 7103', if changed upon completion this will be updated on the Form 5A.

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 ?	
Attachment Checklist			
401161430	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401161327	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input 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			
401158898	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401158899	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401158901	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401158908	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401158911	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401158920	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401161319	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)