

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



Document Number:

401447804

Date Received:

11/22/2017

## 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: PAUL GOTTLÖB

Name of Operator: ST CROIX OPERATING INC

Phone: (720) 420-5747

Address: P O BOX 13799

Fax:

City: DENVER State: CO Zip: 80201

API Number 05-121-11070-00

County: WASHINGTON

Well Name: CLOVER-SCHENK

Well Number: 1

Location: QtrQtr: NWSW Section: 24 Township: 2S Range: 53W Meridian: 6

Footage at surface: Distance: 2020 feet Direction: FSL Distance: 1200 feet Direction: FWL

As Drilled Latitude: 39.862670 As Drilled Longitude: -103.270080

## GPS Data:

Date of Measurement: 11/17/2017 PDOP Reading: 2.2 GPS Instrument Operator's Name: Craig Burke

\*\* 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) 10/17/2017 Date TD: 10/25/2017 Date Casing Set or D&amp;A: 10/27/2017

Rig Release Date: 10/27/2017 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 4750 TVD\*\* Plug Back Total Depth MD 4750 TVD\*\*

Elevations GR 4875 KB 4881 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

Triple Combo, Mud

## 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	428	280	0	428	VISU
OPEN HOLE	7+7/8			428	4,750				

## 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	3,651		NO	NO	
D SAND	4,467		NO	NO	
HUNTSMAN	4,589		NO	NO	
J SAND	4,617		NO	NO	

#### Operator Comments

Original GL Elevation was incorrectly measured by the Surveying company and after permit was approved when the Location Construction company arrived this was discovered. Re-survey done and correct elevation at wellhead is 4875'. Well was drilled and abandoned per Form 2 directions - 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: 11/22/2017 Email: paul.gottlob@iptenergyservices.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
401452907	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"/>
<u>Other Attachments</u>					
401447804	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401447806	WELL LOCATION PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401447807	PDF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401447808	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401447867	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineering Tech	DA Well-Well was plugged per the COA on the related Form 2#401294818. • Removed the duplicate Well Location Plat as it is currently in the well file	11/28/2017

Total: 1 comment(s)