

Document Number:
401886781

Date Received:

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.

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, Tri-Com

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	

Comment:

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 GOTTLOB

Title: Regulatory & Engin. Tech.

Date: _____

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			
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-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916133	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916137	PDF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916139	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916147	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916149	LAS-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916152	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916154	LAS-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401916159	LAS-INDUCTION	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)

