

FORM
5
Rev
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



| | | | |
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| DE | ET | OE | ES |
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Document Number:
401904801

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: <u>81490</u> | Contact Name: <u>ANDY PETERSON</u> |
| Name of Operator: <u>ST CROIX OPERATING INC</u> | Phone: <u>(970) 203-4263</u> |
| Address: <u>P O BOX 13799</u> | Fax: _____ |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80201</u> | |

| | |
|---|---------------------------|
| API Number <u>05-121-11082-00</u> | County: <u>WASHINGTON</u> |
| Well Name: <u>PRONGHORN</u> | Well Number: <u>1</u> |
| Location: QtrQtr: <u>SWSW</u> Section: <u>15</u> Township: <u>3S</u> Range: <u>51W</u> Meridian: <u>6</u> | |
| Footage at surface: Distance: <u>600</u> feet Direction: <u>FSL</u> Distance: <u>300</u> feet Direction: <u>FWL</u> | |
| As Drilled Latitude: <u>39.787710</u> As Drilled Longitude: <u>-103.084670</u> | |

GPS Data:
Date of Measurement: 01/10/2019 PDOP Reading: 1.9 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) 12/29/2018 Date TD: 01/04/2019 Date Casing Set or D&A: 01/04/2019
Rig Release Date: 01/05/2019 Per Rule 308A.b.

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

Total Depth MD 4198 TVD** _____ Plug Back Total Depth MD 4126 TVD** _____

Elevations GR 4648 KB 4666 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, 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 |
| 1ST | 7+7/8 | 5+1/2 | 15.5 | 0 | 4,169 | 240 | 2,600 | 4,169 | 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 | |
| SHARON SPRINGS | 3,046 | | NO | NO | |
| NIOBRARA | 3,097 | | NO | NO | |
| FORT HAYS | 3,559 | | NO | NO | |
| D SAND | 4,021 | | NO | NO | |
| J SAND | 4,072 | | NO | NO | |

Comment:

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: _____

Email: paul.gottlob@iptenergyservices.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|------------------------|---|--|
| Attachment Checklist | | | |
| 401907251 | 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 | | | |
| 401904825 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401904827 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401904992 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401916170 | PDF-CALIPER | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401916174 | PDF-INDUCTION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401916176 | PDF-GAMMA RAY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401916184 | PDF-POROSITY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401916186 | PDF-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401916187 | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401916188 | LAS-POROSITY | 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)

