

FORM
5Rev
10/14State 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:

402236484

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: 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

Email: andy@petersonenergyoperating.com

API Number 05-121-11088-00

County: WASHINGTON

Well Name: ARMSTRONG

Well Number: 1

 Location: QtrQtr: SWSE Section: 21 Township: 3S Range: 51W Meridian: 6
 FNL/FSL FEL/FWL

Footage at surface: Distance: 600 feet Direction: FSL Distance: 2040 feet Direction: FEL

As Drilled Latitude: 39.773100 As Drilled Longitude: -103.092790

GPS Data:

Date of Measurement: 12/04/2019 PDOP Reading: 1.8 GPS Instrument Operator's Name: Craig Burke

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: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/30/2019 Date TD: 11/04/2019 Date Casing Set or D&A: 11/05/2019

Rig Release Date: 11/05/2019 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 4200 TVD** Plug Back Total Depth MD TVD**

Elevations GR 4667 KB 4675

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

MUD, TRIPLE COMBO

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	516	300	0	516	VISU
OPEN HOLE	7+7/8			516	4,200				CALC

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	3,091		NO	NO	
FORT HAYS	3,548		NO	NO	
CARLILE	3,610		NO	NO	
GREENHORN	3,720		NO	NO	
X BENTONITE	3,917		NO	NO	
D SAND	4,008		NO	NO	
HUNTSMAN	4,040		NO	NO	
J SAND	4,056		NO	NO	

Operator Comments:

Drilled and abandoned due to 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: _____ Email: paul.gottlob@iptenergyservices.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
402237713	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>		
402236501	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402236504	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402236535	PDF-MUD	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)

