

FORM
5Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400153813

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

1. OGCC Operator Number: 10110 4. Contact Name: Lisa Pfizenmaier
2. Name of Operator: GREAT WESTERN OIL & GAS COMPANY LLC Phone: (970) 686-8831
3. Address: 503 MAIN ST Fax: _____
City: WINDSOR State: CO Zip: 80550

5. API Number 05-123-31722-00 6. County: WELD
7. Well Name: GREAT WESTERN Well Number: 25-22
8. Location: QtrQtr: NWSW Section: 25 Township: 6N Range: 67W Meridian: 6
Footage at surface: Distance: 2466 feet Direction: FSL Distance: 1166 feet Direction: FWL
As Drilled Latitude: 40.457470 As Drilled Longitude: -104.847230

GPS Data:

Data of Measurement: 04/04/2011 PDOP Reading: 3.2 GPS Instrument Operator's Name: Curt Acklam

** If directional footage

at Top of Prod. Zone Distance: 2030 feet Direction: FNL Distance: 1930 feet Direction: FWL
Sec: 25 Twp: 6N Rng: 67W
at Bottom Hole Distance: 2030 feet Direction: FNL Distance: 1930 feet Direction: FWL
Sec: 25 Twp: 6N Rng: 67W

9. Field Name: LAPOUDRE SOUTH 10. Field Number: 48130

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 02/22/2011 13. Date TD: 02/26/2011 14. Date Casing Set or D&A: 02/27/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7399 TVD 7255 17 Plug Back Total Depth MD 7372 TVD 722818. Elevations GR 4751 KB 4767

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

High Resolution Induction Guard Log Gamma Ray;
Compensated Density Compensated Neutron Gamma Ray;
Gamma Ray CCL Cement Bond VDL

20. Casing, Liner and Cement:

CASING

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	493	410	0	493	CALC
1ST	7+7/8	4+1/2	11.6	0	7,385	515	2,566	7,385	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,528		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,284		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,702		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,924		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,217		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,240		<input type="checkbox"/>	<input type="checkbox"/>	

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Lisa Pfizenmaier

Title: Permit Technician Date: _____ Email: lpfizenmaier@gwogco.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400153815	LAS-
400153830	CEMENT JOB SUMMARY
400155086	

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)