

FORM  
5

Rev  
02/08

State 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:

400200158

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

5. API Number 05-123-32999-00  
6. County: WELD  
7. Well Name: APPALOOSA Well Number: 33-14  
8. Location: QtrQtr: NESW Section: 33 Township: 7N Range: 65W Meridian: 6  
Footage at surface: Distance: 1415 feet Direction: FSL Distance: 1536 feet Direction: FWL  
As Drilled Latitude: 40.527610 As Drilled Longitude: -104.672280

GPS Data:

Date of Measurement: 06/26/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: L. Robbins

\*\* If directional footage at Top of Prod. Zone Dist.: 607 feet. Direction: FSL Dist.: 649 feet. Direction: FWL  
Sec: 33 Twp: 7N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 607 feet. Direction: FSL Dist.: 649 feet. Direction: FWL  
Sec: 33 Twp: 7N Rng: 65W

9. Field Name: EATON 10. Field Number: 19350  
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 05/16/2011 13. Date TD: 05/19/2011 14. Date Casing Set or D&A: 05/20/2011

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7470 TVD\*\* 7321 17 Plug Back Total Depth MD 7325 TVD\*\* 7176

18. Elevations GR 4787 KB 4803

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	554	400	0	554	VISU
1ST	7+7/8	4+1/2	11.6	0	7,457	500	2,692	7,457	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	
GREELEY SAND	2,950		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,831		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,600		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,166		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,010		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,268		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,300		<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: 8/29/2011 Email: lpfizenmaier@gwogco.com

#### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400200181	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400200185	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input 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"/>
<b>Other Attachments</b>			
400200158	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400200168	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400200171	PDF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400200174	PDF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400200177	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400200179	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

**User Group**

**Comment**

**Comment Date**

User Group	Comment	Comment Date

Total: 0 comment(s)