

FORM
5
Rev
02/08

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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Document Number:
400275881

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

1. OGCC Operator Number: 10110 4. Contact Name: Janni Keidel
 2. Name of Operator: GREAT WESTERN OIL & GAS COMPANY LLC Phone: (303) 398-0388
 3. Address: 700 AUTOMATION DR - UNIT A Fax: (866) 742-1784
 City: WINDSOR State: CO Zip: 80550-

5. API Number 05-123-34628-00 6. County: WELD
 7. Well Name: MANENTI Well Number: 20-34
 8. Location: QtrQtr: SESE Section: 20 Township: 7N Range: 66W Meridian: 6
 Footage at surface: Distance: 693 feet Direction: FSL Distance: 681 feet Direction: FEL
 As Drilled Latitude: 40.555050 As Drilled Longitude: -104.795070

GPS Data:
 Date of Measurement: 01/17/2012 PDOP Reading: 2.5 GPS Instrument Operator's Name: C. VanMatre

** 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: _____

9. Field Name: WATTENBERG 10. Field Number: 90750
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 11/02/2011 13. Date TD: 11/06/2011 14. Date Casing Set or D&A: 11/07/2011

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

16. Total Depth MD 7816 TVD** _____ 17 Plug Back Total Depth MD _____ TVD** _____

18. Elevations GR 4939 KB 4953 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:
 Dual Induction, Gamma Ray

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	898	630	0	898	
1ST	7+7/8	4+1/2	11.6	0	7,796	570	2,800	7,796	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

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

Details of work:

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	2,934		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,954		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,682		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,144		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,302		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,318		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,588		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,623		<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: Janni Keidel _____

Title: Permit & Reg Analyst _____ Date: _____ Email: jkeidel@gwogco.com _____

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400291839	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			
400275897	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)