

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



DE ET OE ES

Document Number:

400276951

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

5. API Number 05-123-33246-00
6. County: WELD
7. Well Name: Fritzier Well Number: 6-8-17
8. Location: QtrQtr: SESE Section: 17 Township: 6N Range: 66W Meridian: 6
Footage at surface: Distance: 660 feet Direction: FSL Distance: 668 feet Direction: FEL
As Drilled Latitude: 40.482680 As Drilled Longitude: -104.794820

GPS Data:

Date of Measurement: 01/17/2012 PDOP Reading: 2.2 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: BRACEWELL 10. Field Number: 7487

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/17/2011 13. Date TD: 11/20/2011 14. Date Casing Set or D&A: 11/21/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7418 TVD** 7341 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4771 KB 4785

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:

Will submit As Builts at a later date. LTD: 7409'.

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 | 690 | 490 | 0 | 690 | |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,379 | 520 | 3,000 | 7,379 | |

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 | 2,636 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| PARKMAN | 3,638 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,376 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 4,818 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,975 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,232 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,243 | | <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 ? | |
|-----------------------------|------------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 400294099 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400276954 | 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"/> |
| <u>Other Attachments</u> | | | |
| 400276953 | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)