

FORM  
5Rev  
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

4. Contact Name: Janni Keidel

2. Name of Operator: GREAT WESTERN OIL &amp; 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 05-123-33246-00

6. County: WELD

7. Well Name: Fritzler

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:

Data 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&amp;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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
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

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

Total: 0 comment(s)