

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

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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.

Completion Type [X] 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 City: WINDSOR State: CO Zip: 80550- Fax: (866) 742-1784

5. API Number 05-123-24313-00 6. County: WELD
7. Well Name: GREAT WESTERN Well Number: 27-14
8. Location: QtrQtr: SWSW Section: 27 Township: 6N Range: 67W Meridian: 6
Footage at surface: Distance: 1007 feet Direction: FSL Distance: 369 feet Direction: FWL
As Drilled Latitude: 40.453390 As Drilled Longitude: -104.887860

GPS Data:
Date of Measurement: 09/11/2007 PDOP Reading: 2.4 GPS Instrument Operator's Name: L. Robbins

** If directional footage at Top of Prod. Zone Dist.: 629 feet. Direction: FSL Dist.: 648 feet. Direction: FWL
Sec: 27 Twp: 6N Rng: 67W
** If directional footage at Bottom Hole Dist.: 629 feet. Direction: FSL Dist.: 648 feet. Direction: FWL
Sec: 27 Twp: 6N Rng: 67W

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) 09/02/2007 13. Date TD: 09/07/2007 14. Date Casing Set or D&A: 09/08/2007

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

16. Total Depth MD 7300 TVD** 7267 17 Plug Back Total Depth MD 7252 TVD** 7219

18. Elevations GR 4750 KB 4765
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:
Cement Bond-VD, Dual Induction Log Gamma Ray, Compensated Density Neutron

20. Casing, Liner and Cement:

CASING

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include SURF and 1ST.

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 06/12/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	1ST	4,498	463	480	4,578

Details of work:

6-12-2012

Crew travel hold safety meeting pressure 0 R.I.H. w/Open tool for port collar, Open Port Collar w/ 144 jts @ 4498', Rig Up Cement Crew

Pumped 420 sks of 11# and 40 sks of G-Class 15#. Close port Collar, Rig Down cement crew, run in one jnt roll hole clean. Test casing to 2000# good T.O.O.H.

6-14-2012

T.I.H. w/ S.N. & Bit tag fill w/ 199 jts @ 6214' R.U. powerswivel. drill out sticky mud and shale to 205 jts @ 6387' roll hole clean R.D. Powerswivel, lay down 1 jt, T.O.O.H. w/bit & S.N., N.D. BOP, N.U. frac valve

6-15-2012

Pressure 0, Rig up wireline, log well from 6200' up, rig down wireline, rig up hydro-tester, test casing to 6000# for 15 min GOOD. Rig Down tester, N.D. frac valve, N.U. BOP. RiH w/retreiving head, R.U. swivel, clean out 10' of sand release plug, P.O.O.H. laying down on tubing seal, N.D. BOP, N.U. frac valve.

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	
			<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			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)