

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:

400301891

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: Shannon Hartnett

2. Name of Operator: GREAT WESTERN OIL &amp; GAS COMPANY LLC

Phone: (303) 830-9893

3. Address: 700 AUTOMATION DR - UNIT A

Fax: (866) 522-1673

City: WINDSOR State: CO Zip: 80550-

5. API Number 05-123-35264-00

6. County: WELD

7. Well Name: JBL

Well Number: 34-34

8. Location: QtrQtr: SWSE Section: 34 Township: 7N Range: 67W Meridian: 6

Footage at surface: Distance: 714 feet Direction: FSL Distance: 2075 feet Direction: FEL

As Drilled Latitude: 40.525171 As Drilled Longitude: -104.877538

## GPS Data:

Date of Measurement: 07/12/2012 PDOP Reading: 1.4 GPS Instrument Operator's Name: D. Schwartz

\*\* 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) 05/01/2012 13. Date TD: 05/04/2012 14. Date Casing Set or D&amp;A: 05/05/2012

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7367 TVD\*\* 17 Plug Back Total Depth MD 7348 TVD\*\*

18. Elevations GR 4943 KB 4969

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:

HRIC Density/Neutron

## 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	689	520	0	689	
1ST	7+7/8	4+1/2	11.6	0	7,348	595	2,000	7,348	

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf 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	2,535		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,526		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,246		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,621		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,584		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,896		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,155		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,198		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,246		<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: Shannon Hartnett

Title: Permit Agent Date: \_\_\_\_\_ Email: shartnett@gwogco.com

### **Attachment Check List**

Att Doc Num	Document Name	attached ?
<b><u>Attachment Checklist</u></b>		
400340801	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"/>
400301895	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b><u>Other Attachments</u></b>		
400301894	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### **General Comments**

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

Total: 0 comment(s)