

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:

400337829

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 & 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 05-123-35701-00

6. County: WELD

7. Well Name: Great Western

Well Number: 25-12-15

8. Location: QtrQtr: NWSW Section: 25 Township: 6N Range: 67W Meridian: 6

Footage at surface: Distance: 2391 feet Direction: FSL Distance: 1006 feet Direction: FWL

As Drilled Latitude: 40.457260 As Drilled Longitude: -104.848000

GPS Data:

Data of Measurement: 10/19/2012 PDOP Reading: 2.9 GPS Instrument Operator's Name: D. Schwartz

** If directional footage at Top of Prod. Zone Dist.: 2391 feet. Direction: FSL Dist.: 1006 feet. Direction: FWL

Sec: 25 Twp: 6N Rng: 67W

** If directional footage at Bottom Hole Dist.: 2664 feet. Direction: FSL Dist.: 11 feet. Direction: FWL

Sec: 25 Twp: 6N Rng: 67W

9. Field Name: LAPOUDRE SOUTH

10. Field Number: 48130

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/22/2012 13. Date TD: 07/25/2012 14. Date Casing Set or D&A: 07/26/2012

15. Well Classification:

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

16. Total Depth MD 7377 TVD** 7227 17 Plug Back Total Depth MD 7364 TVD** 7177

18. Elevations GR 4752 KB 4766

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	730	670	0	730	
1ST	7+7/8	4+1/2	11.6	0	7,377	600	2,000	7,377	

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:

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	
NIOBRARA	6,905		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,189		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,221		<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 ?
<u>Attachment Checklist</u>		
400337833	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400337832	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>		
400337831	LAS-DENSITY/NEUTRON	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)