

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:

400345319

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: 1700 BROADWAY SUITE 650

Fax: (866) 522-1673

City: DENVER State: CO Zip: 80290

5. API Number 05-123-32772-00

6. County: WELD

7. Well Name: BINDER

Well Number: 24-20

8. Location: QtrQtr: NESW Section: 20 Township: 4N Range: 67W Meridian: 6

Footage at surface: Distance: 2464 feet Direction: FSL Distance: 2262 feet Direction: FWL

As Drilled Latitude: 40.298090 As Drilled Longitude: -104.914910

GPS Data:

Date of Measurement: 04/26/2012 PDOP Reading: 2.0 GPS Instrument Operator's Name: C. VanMatre

** If directional footage at Top of Prod. Zone Dist.: 2464 feet. Direction: FSL Dist.: 2262 feet. Direction: FWL

Sec: 20 Twp: 4N Rng: 67W

** If directional footage at Bottom Hole Dist.: 753 feet. Direction: FSL Dist.: 1897 feet. Direction: FWL

Sec: 20 Twp: 4N 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) 02/01/2012 13. Date TD: 02/05/2012 14. Date Casing Set or D&A: 02/06/2012

15. Well Classification:

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

16. Total Depth MD 7755 TVD** 7444 17 Plug Back Total Depth MD 7725 TVD** 7395

18. Elevations GR 4902 KB 4916

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:

High Res Induction
Comm Den/Neu Gamma Ray
LAS

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	521	370	0	521	
1ST	7+7/8	4+1/2	11.6	0	7,739	585	2,525	7,739	

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	
GREELEY SAND	2,500		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,810		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,412		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,914		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,242		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,550		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,572		<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>					
400345454	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400345455	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>					
400345451	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400345452	IND-DENS-NEU	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400345453	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)