

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.

Document Number:
400276947

Date Received:
06/11/2012

Completion Type 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: 1700 BROADWAY SUITE 650 Fax: (866) 742-1784
 City: DENVER State: CO Zip: 80290

5. API Number 05-123-32829-00 6. County: WELD
 7. Well Name: HOOD Well Number: 41-20
 8. Location: QtrQtr: NENE Section: 20 Township: 6N Range: 66W Meridian: 6
 Footage at surface: Distance: 661 feet Direction: FNL Distance: 661 feet Direction: FEL
 As Drilled Latitude: 40.479050 As Drilled Longitude: -104.794845

GPS Data:
 Date 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) 12/18/2011 13. Date TD: 12/21/2011 14. Date Casing Set or D&A: 12/22/2011

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

16. Total Depth MD 7351 TVD** _____ 17 Plug Back Total Depth MD 7301 TVD** _____

18. Elevations GR 4760 KB 4774 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:

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	685	490	0	685	CALC
1ST	7+7/8	4+1/2	11.6	0	7,316	540	2,550	7,316	CBL

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	2,608		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,604		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,310		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,755		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,853		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,145		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,167		<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: 6/11/2012 Email: jkeidel@gwogco.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400294095	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"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400276947	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400276948	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	CBL received 11/27/12.	1/3/2013 2:40:13 PM
Permit	Requested CBL. Other logs sent in.	11/21/2012 7:58:27 AM
Permit	Requested all paper logs.	9/20/2012 9:58:51 AM

Total: 3 comment(s)