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Document Number:  
400282451

Date Received:  
11/15/2012

**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 05-123-32969-00 6. County: WELD  
 7. Well Name: BINDER Well Number: 4-6-20  
 8. Location: QtrQtr: NESW Section: 20 Township: 4N Range: 67W Meridian: 6  
 Footage at surface: Distance: 2464 feet Direction: FSL Distance: 2277 feet Direction: FWL  
 As Drilled Latitude: 40.298100 As Drilled Longitude: -104.914860

GPS Data:  
 Date of Measurement: 04/26/2012 PDOP Reading: 2.1 GPS Instrument Operator's Name: C. VanMatre

\*\* If directional footage at Top of Prod. Zone Dist.: 1333 feet. Direction: FSL Dist.: 2454 feet. Direction: FWL  
 Sec: 20 Twp: 4N Rng: 67W  
 \*\* If directional footage at Bottom Hole Dist.: 1333 feet. Direction: FSL Dist.: 2454 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) 02/06/2012 13. Date TD: 02/09/2012 14. Date Casing Set or D&A: 02/10/2012

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

16. Total Depth MD 7593 TVD\*\* 7454 17 Plug Back Total Depth MD 7542 TVD\*\* 7408

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:  
 LAS  
 Induction  
 Gamma Ray

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	7,557	555	2,550	7,557	

### 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	2,462		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,720		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,272		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,754		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,793		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,063		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,372		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,395		<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: Reg. Compl. Spec. Date: 11/15/2012 Email: shartnett@gwogco.com

#### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400347414	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400290524	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"/>
400290520	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Other Attachments</b>			
400282451	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400290519	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400290527	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400290528	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400347409	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400347413	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400404239	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400404242	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

**User Group**

**Comment**

**Comment Date**

User Group	Comment	Comment Date

Total: 0 comment(s)