

FORM
5
Rev
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:
11/05/2012

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
2. Name of Operator: GREAT WESTERN OIL & GAS COMPANY LLC
3. Address: 1700 BROADWAY SUITE 650
City: DENVER State: CO Zip: 80290
4. Contact Name: Shannon Hartnett
Phone: (303) 830-9893
Fax: (866) 522-1673

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:
Date 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.: 2637 feet. Direction: FSL Dist.: 20 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:
LAS Induction

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: Reg Compl Spec Date: 11/5/2012 Email: shartnett@gwogco.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|------------------------|---|--|
| Attachment Checklist | | | |
| 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"/> |
| Other Attachments | | | |
| 400337829 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400337831 | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400353110 | PDF-INDUCTION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400353112 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400404278 | LAS- | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400404290 | PDF- | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400404323 | LAS- | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

User Group Comment Comment Date

| | | |
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Total: 0 comment(s)