

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:

400414470

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 OPERATING COMPANY LLC

Phone: (303) 830-9893

3. Address: 1700 BROADWAY SUITE 650

Fax:

City: DENVER State: CO Zip: 80290

5. API Number 05-123-36324-00

6. County: WELD

7. Well Name: Campbell JF

Well Number: 17-41D

8. Location: QtrQtr: SWNE Section: 17 Township: 2N Range: 65W Meridian: 6

Footage at surface: Distance: 1512 feet Direction: FNL Distance: 1465 feet Direction: FEL

As Drilled Latitude: 40.141810 As Drilled Longitude: -104.683537

## GPS Data:

Data of Measurement: 03/20/2013 PDOP Reading: 2.2 GPS Instrument Operator's Name: D. Schwartz

\*\* If directional footage at Top of Prod. Zone Dist.: 1320 feet. Direction: FNL Dist.: 0 feet. Direction: FEL

Sec: 17 Twp: 2N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 1320 feet. Direction: FNL Dist.: 0 feet. Direction: FEL

Sec: 17 Twp: 2N Rng: 65W

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) 01/29/2013 13. Date TD: 02/01/2013 14. Date Casing Set or D&amp;A: 02/02/2013

## 15. Well Classification:

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

16. Total Depth MD 7623 TVD\*\* 7419 17 Plug Back Total Depth MD 7581 TVD\*\* 7377

18. Elevations GR 4916 KB 4930

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:

CBL &amp; Triple Combination

## 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	7+7/8	4+1/2	11.6	0	7,581	570	2,000	7,581	
1ST	12+1/4	8+5/8	24	0	953	650	0	953	

## 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	
CODELL		7,460	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS		7,439	<input type="checkbox"/>	<input type="checkbox"/>	
GREELEY SAND		2,914	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA		7,184	<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN		4,160	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX		4,520	<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: \_\_\_\_\_ Email: shartnett@gwogco.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400453615	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400452466	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"/>
400452475	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400452469	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400452478	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400452480	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group      Comment      Comment Date

--	--	--

Total: 0 comment(s)