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Document Number:
400414475

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 05-123-36295-00 6. County: WELD
 7. Well Name: Campbell JF Well Number: 17-9D
 8. Location: QtrQtr: SWNE Section: 17 Township: 2N Range: 65W Meridian: 6
 Footage at surface: Distance: 1512 feet Direction: FNL Distance: 1495 feet Direction: FEL
 As Drilled Latitude: 40.141810 As Drilled Longitude: -104.683749

GPS Data:
 Date of Measurement: 03/20/2013 PDOP Reading: 2.5 GPS Instrument Operator's Name: D. Schwartz

** If directional footage at Top of Prod. Zone Dist.: 1980 feet. Direction: FNL Dist.: 1980 feet. Direction: FEL
 Sec: 17 Twp: 2N Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 1980 feet. Direction: FNL Dist.: 1980 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) 01/19/2013 13. Date TD: 01/22/2013 14. Date Casing Set or D&A: 01/22/2013

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

16. Total Depth MD 7490 TVD** 7430 17 Plug Back Total Depth MD 7415 TVD** 7355

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 & 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	12+1/4	8+5/8	24	0	953	650	0	953	
1ST	7+7/8	4+1/2	11.6	0	7,451	590	2,000	7,451	

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		7,327	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS		7,304	<input type="checkbox"/>	<input type="checkbox"/>	
GREELEY SAND		2,816	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA		7,080	<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN		3,996	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX		4,598	<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>			
400453597	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400452360	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"/>
400452393	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400452390	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400452404	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400452406	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)