

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:

400301891

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

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: (866) 522-1673

City: DENVER State: CO Zip: 80290

5. API Number 05-123-35264-00

6. County: WELD

7. Well Name: JBL

Well Number: 34-34

8. Location: QtrQtr: SWSE Section: 34 Township: 7N Range: 67W Meridian: 6

Footage at surface: Distance: 714 feet Direction: FSL Distance: 2075 feet Direction: FEL

As Drilled Latitude: 40.525171 As Drilled Longitude: -104.877538

GPS Data:

Date of Measurement: 07/12/2012 PDOP Reading: 1.4 GPS Instrument Operator's Name: D. Schwartz

** 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: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 05/01/2012 13. Date TD: 05/04/2012 14. Date Casing Set or D&A: 05/05/2012

15. Well Classification:

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

16. Total Depth MD 7367 TVD** 17 Plug Back Total Depth MD 7348 TVD**

18. Elevations GR 4943 KB 4969

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:

HRIC Density/Neutron

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 | 1,282 | 520 | 0 | 1,282 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,348 | 595 | 2,750 | 7,348 | 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 | 2,535 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| PARKMAN | 3,526 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,246 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 4,621 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| TEEPEE BUTTES | 6,584 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,896 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,155 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,198 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| GREENHORN | 7,246 | | <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: Permit Agent Date: 11/5/2012 Email: shartnett@gwogco.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|------------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400340801 | 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"/> |
| 400301895 | Other | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| <u>Other Attachments</u> | | | | | |
| 400301891 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400301894 | LAS-TRIPLE COMBINATION | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|--|----------------------------|
| Engineer | Emailed operator for CBL. Rec'd CBL from operator 7/26/13. | 5/7/2013 10:19:13 AM |
| Engineer | No CBL, informed permitting of missing log. | 2/28/2013 12:06:00 PM |
| Engineer | Emailed operator, discrepancy between Form 2, cement tickets and Form 5 for setting depth on Surface casing. | 2/19/2013 8:41:56 AM |
| Permit | Removed related form 2 and 2A and notified OPR. | 1/16/2013 11:26:24 AM |

Total: 4 comment(s)