

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



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Document Number:
400337675

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 05-123-35427-00 6. County: WELD
 7. Well Name: H-Y Well Number: 29-31
 8. Location: QtrQtr: NENW Section: 29 Township: 6N Range: 67W Meridian: 6
 Footage at surface: Distance: 799 feet Direction: FNL Distance: 1942 feet Direction: FWL
 As Drilled Latitude: 40.462933 As Drilled Longitude: -104.919481

GPS Data:
 Date of Measurement: 07/25/2012 PDOP Reading: 1.9 GPS Instrument Operator's Name: Deb Schwartz

** If directional footage at Top of Prod. Zone Dist.: 652 feet. Direction: FNL Dist.: 1924 feet. Direction: FEL
 Sec: 29 Twp: 6N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 652 feet. Direction: FNL Dist.: 1924 feet. Direction: FEL
 Sec: 29 Twp: 6N 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) 07/11/2012 13. Date TD: 07/16/2012 14. Date Casing Set or D&A: 07/17/2012

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

16. Total Depth MD 7501 TVD** 7290 17 Plug Back Total Depth MD 7467 TVD** 7256

18. Elevations GR 4783 KB 4797 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:
 Triple Combo
 Cement Bond
 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	900	670	0	900	
1ST	7+7/8	4+1/2	11.6	0	7,466	575	2,000	7,480	

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	2,342		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,558		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,297		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,698		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,730		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,056		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,320		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,342		<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			
400337679	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400337678	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			
400337675	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400337676	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400353100	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400353102	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400458718	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400458724	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Back to draft at Opr request.	11/30/2012 3:53:05 PM

Total: 1 comment(s)