

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:

400345319

Date Received:

11/12/2012

## 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 05-123-32772-00

6. County: WELD

7. Well Name: BINDER

Well Number: 24-20

8. Location: QtrQtr: NESW Section: 20 Township: 4N Range: 67W Meridian: 6

Footage at surface: Distance: 2464 feet Direction: FSL Distance: 2262 feet Direction: FWL

As Drilled Latitude: 40.298090 As Drilled Longitude: -104.914910

## GPS Data:

Date of Measurement: 04/26/2012 PDOP Reading: 2.0 GPS Instrument Operator's Name: C. VanMatre

\*\* If directional footage at Top of Prod. Zone Dist.: 658 feet. Direction: FSL Dist.: 1862 feet. Direction: FWL

Sec: 20 Twp: 4N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 753 feet. Direction: FSL Dist.: 1897 feet. Direction: FWL

Sec: 20 Twp: 4N 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) 02/01/2012 13. Date TD: 02/05/2012 14. Date Casing Set or D&amp;A: 02/06/2012

## 15. Well Classification:

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

16. Total Depth MD 7755 TVD\*\* 7444 17 Plug Back Total Depth MD 7725 TVD\*\* 7395

18. Elevations GR 4902 KB 4916

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:

High Res Induction  
Comm Den/Neu Gamma Ray  
LAS

## 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	521	370	0	521	CALC
1ST	7+7/8	4+1/2	11.6	0	7,739	585	2,770	7,739	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	2,500		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,810		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,412		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,914		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,242		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,550		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,572		<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: 11/12/2012

Email: shartnett@gwogco.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400345454	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400345455	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"/>
<u>Other Attachments</u>					
400345319	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400345451	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400345452	IND-INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400345453	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400404246	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400404247	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400456353	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Uploaded DS Data Sheet as per opr.	7/25/2013 2:40:55 PM
Permit	Requested hard copy of logs. Directional data incorrect - requested new from opr.	4/16/2013 2:01:10 PM
Permit	Back to draft at Opr request.	11/30/2012 4:12:10 PM

Total: 3 comment(s)