

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:
400341297

Date Received:
07/30/2013

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 05-123-36035-00 6. County: WELD
 7. Well Name: Andrews Well Number: 26-13
 8. Location: QtrQtr: SESW Section: 26 Township: 7N Range: 65W Meridian: 6
 Footage at surface: Distance: 922 feet Direction: FSL Distance: 1436 feet Direction: FWL
 As Drilled Latitude: 40.540955 As Drilled Longitude: -104.634651

GPS Data:
 Date of Measurement: 11/28/2012 PDOP Reading: 3.8 GPS Instrument Operator's Name: D. Schwartz

** If directional footage at Top of Prod. Zone Dist.: 2012 feet. Direction: FSL Dist.: 635 feet. Direction: FWL

Sec: 26 Twp: 7N Rng: 65W

** If directional footage at Bottom Hole Dist.: 2012 feet. Direction: FSL Dist.: 635 feet. Direction: FWL

Sec: 26 Twp: 7N 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) 10/05/2012 13. Date TD: 10/10/2012 14. Date Casing Set or D&A: 10/11/2012

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

16. Total Depth MD 7535 TVD** 7356 17 Plug Back Total Depth MD 7482 TVD** 7303

18. Elevations GR 4871 KB 4885 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

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	729	520	0	729	CALC
1ST	7+7/8	4+1/2	11.6	0	7,482	585	2,320	7,503	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	
PARKMAN	3,938		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,700		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,295		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,084		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,359		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,382		<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: 7/30/2013 Email: shartnett@gwogco.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400341308	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400341314	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"/>
400341311	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400341297	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400341306	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400351879	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400460117	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400460121	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400460122	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)