

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



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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:

Data 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
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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
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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.
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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)