

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



DE ET OE ES

Document Number:

400480745

Date Received:

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.

Completion Type [X] Final completion [] Preliminary completion

1. OGCC Operator Number: 10110 4. Contact Name: Callie Fiddes
2. Name of Operator: GREAT WESTERN OPERATING COMPANY LLC Phone: (303) 398-0550
3. Address: 1700 BROADWAY SUITE 650 Fax:
City: DENVER State: CO Zip: 80290

5. API Number 05-123-33548-00 6. County: WELD
7. Well Name: FRITZLER Well Number: 6-6-17
8. Location: QtrQtr: SESE Section: 17 Township: 6N Range: 66W Meridian: 6
Footage at surface: Distance: 717 feet Direction: FSL Distance: 657 feet Direction: FEL
As Drilled Latitude: 40.482840 As Drilled Longitude: -104.794790

GPS Data:
Date of Measurement: 11/05/2012 PDOP Reading: 2.0 GPS Instrument Operator's Name: D. Schwartz

** If directional footage at Top of Prod. Zone Dist.: 1309 feet. Direction: FSL Dist.: 1326 feet. Direction: FEL
Sec: 17 Twp: 6 Rng: 66
** If directional footage at Bottom Hole Dist.: 1329 feet. Direction: FSL Dist.: 1361 feet. Direction: FEL
Sec: 17 Twp: 6 Rng: 66

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) 09/07/2012 13. Date TD: 09/09/2012 14. Date Casing Set or D&A: 09/10/2012

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

16. Total Depth MD 7408 TVD** 7324 17 Plug Back Total Depth MD 7376 TVD** 7274

18. Elevations GR 4771 KB 4785
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

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include SURF and 1ST.

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	2,644		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,671		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,378		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,834		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,945		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,230		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,253		<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: Callie Fiddes

Title: Regulatory Tech Date: _____ Email: regulatorypermitting@gwogco.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400481082	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400481080	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>			
400481047	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400481055	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)