

**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:  
400481016

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. 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: 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 05-123-35995-00 6. County: WELD  
 7. Well Name: Fritzler Well Number: 17-42-11  
 8. Location: QtrQtr: SESE Section: 17 Township: 6N Range: 66W Meridian: 6  
 Footage at surface: Distance: 720 feet Direction: FSL Distance: 612 feet Direction: FEL  
 As Drilled Latitude: 40.482861 As Drilled Longitude: -104.794630

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.: 2640 feet. Direction: FSL Dist.: 0 feet. Direction: FEL  
 Sec: 16 Twp: 6 Rng: 66

\*\* If directional footage at Bottom Hole Dist.: 2645 feet. Direction: FSL Dist.: 3 feet. Direction: FWL  
 Sec: 16 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) 09/18/2012 13. Date TD: 09/22/2012 14. Date Casing Set or D&A: 09/23/2012

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

16. Total Depth MD 7713 TVD\*\* 7334 17 Plug Back Total Depth MD 7655 TVD\*\* 7284

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**

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	732	520	0	732	
1ST	7+7/8	4+1/2	11.6	0	7,654	610	2,000	7,675	

**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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	7,220		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,525		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,548		<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>			
400481163	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400481162	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>			
400481125	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400481126	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400481129	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400481135	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400481136	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400481138	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400481141	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400481143	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)