

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:

400481030

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 05-123-36036-00

6. County: WELD

7. Well Name: Andrews

Well Number: 26-23

8. Location: QtrQtr: SESW Section: 26 Township: 7N Range: 65W Meridian: 6

Footage at surface: Distance: 959 feet Direction: FSL Distance: 1464 feet Direction: FWL

As Drilled Latitude: 40.541055 As Drilled Longitude: -104.634547

## 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.: 2070 feet. Direction: FSL Dist.: 1980 feet. Direction: FWL

Sec: 26 Twp: 7 Rng: 65

\*\* If directional footage at Bottom Hole Dist.: 2104 feet. Direction: FSL Dist.: 2025 feet. Direction: FWL

Sec: 26 Twp: 7 Rng: 65

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) 09/24/2012 13. Date TD: 09/27/2012 14. Date Casing Set or D&amp;A: 09/25/2012

## 15. Well Classification:

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

16. Total Depth MD 7468 TVD\*\* 7322 17 Plug Back Total Depth MD 7438 TVD\*\* 7272

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:

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	7,438	565	2,000	7,459	

## 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	
PARKMAN	3,922		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,698		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,274		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,096		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,274		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,310		<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>		
400481176	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400481172	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>		
400481167	LAS-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400481168	LAS-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400481169	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400481170	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400481174	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400481175	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)