

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:
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:
 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.: 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&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:

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	3,922		<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

User Group	Comment	Comment Date

Total: 0 comment(s)