

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:

400491624

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 05-123-35556-00

6. County: WELD

7. Well Name: Detterer FD

Well Number: 25-2D

8. Location: QtrQtr: NWNE Section: 25 Township: 6N Range: 67W Meridian: 6

Footage at surface: Distance: 141 feet Direction: FNL Distance: 2394 feet Direction: FEL

As Drilled Latitude: 40.464939 As Drilled Longitude: -104.841168

GPS Data:

Data of Measurement: 11/28/2012 PDOP Reading: 2.4 GPS Instrument Operator's Name: D. Schwartz

** If directional footage at Top of Prod. Zone Dist.: 555 feet. Direction: FNL Dist.: 1856 feet. Direction: FEL

Sec: 25 Twp: 6N Rng: 67W

** If directional footage at Bottom Hole Dist.: 555 feet. Direction: FNL Dist.: 1856 feet. Direction: FEL

Sec: 25 Twp: 6N Rng: 67W

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) 11/17/2012 13. Date TD: 11/20/2012 14. Date Casing Set or D&A: 11/21/2012

15. Well Classification:

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

16. Total Depth MD 7311 TVD** 7254 17 Plug Back Total Depth MD 7488 TVD** -57

18. Elevations GR 4744 KB 4758

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:

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	656	460	0	656	
1ST	7+7/8	4+1/2	11.6	0	7,268	600	2,000	7,268	

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	3,536		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,240		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,648		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,840		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,128		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,150		<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>					
400491772	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400491771	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>					
400491769	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400491773	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)