

FORM
5
Rev
09/14

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:
400970200

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

OGCC Operator Number: 10110 Contact Name: Callie Fiddes
 Name of Operator: GREAT WESTERN OPERATING COMPANY LLC Phone: (303) 398-0550
 Address: 1801 BROADWAY #500 Fax: _____
 City: DENVER State: CO Zip: 80202

API Number 05-123-39352-00 County: WELD
 Well Name: Postle IC Well Number: 11-162HN
 Location: QtrQtr: SWNW Section: 11 Township: 3N Range: 68W Meridian: 6
 Footage at surface: Distance: 1556 feet Direction: FNL Distance: 481 feet Direction: FWL
 As Drilled Latitude: 40.243710 As Drilled Longitude: -104.978077

GPS Data:
 Date of Measurement: 12/23/2014 PDOP Reading: 2.3 GPS Instrument Operator's Name: Deb Schwartz

** If directional footage at Top of Prod. Zone Dist.: 2320 feet. Direction: FNL Dist.: 623 feet. Direction: FWL
 Sec: 11 Twp: 3N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 2339 feet. Direction: FNL Dist.: 387 feet. Direction: FEL
 Sec: 11 Twp: 3N Rng: 68W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 08/16/2014 Date TD: 11/01/2014 Date Casing Set or D&A: 11/03/2014
 Rig Release Date: 11/09/2014 Per Rule 308A.b.

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

Total Depth MD 11985 TVD** 7110 Plug Back Total Depth MD 11934 TVD** 7108

Elevations GR 4977 KB 4993 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, gamma ray

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	13+1/2	9+5/8	36	0	1,074	460	0	1,074	VISU
1ST	8+3/4	7	26	0	7,541	700	108	7,541	CBL
1ST LINER	6+1/8	4+1/2	11.6	7187	11,980	320	7,187	11,980	CALC

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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,616	3,949	NO	NO	
SUSSEX	4,113	4,281	NO	NO	
SHANNON	4,614	4,743	NO	NO	
SHARON SPRINGS	7,060	7,301	NO	NO	
NIOBRARA	7,302		NO	NO	

Comment:

The Postle IC 11-159HC well (API # 01-123-39322) has the open hole resistivity log.

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 Specialist

Date: _____

Email: regulatorypermitting@gwogco.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400984347	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400986661	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"/>
Other Attachments			
400970240	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400970247	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400970249	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400970252	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400970256	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)