

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.

Document Number:
400976589

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 10110 Contact Name: Ty Woodworth
 Name of Operator: GREAT WESTERN OPERATING COMPANY LLC Phone: (970) 274-9254
 Address: 1801 BROADWAY #500 Fax: _____
 City: DENVER State: CO Zip: 80202

API Number 05-123-24363-00 County: WELD
 Well Name: GREAT WESTERN Well Number: 26-31
 Location: QtrQtr: NENE Section: 26 Township: 6N Range: 67W Meridian: 6
 Footage at surface: Distance: 1305 feet Direction: FNL Distance: 1104 feet Direction: FEL
 As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:
 Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____
 ** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____

Field Name: LAPOUDRE Field Number: 48125
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 08/20/2007 Date TD: 08/25/2007 Date Casing Set or D&A: _____
 Rig Release Date: 08/26/2007 Per Rule 308A.b.

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

Total Depth MD 7401 TVD** _____ Plug Back Total Depth MD _____ TVD** _____
 Elevations GR 4760 KB 4775 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
 CBL

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
1ST	7+7/8	4+1/2	11.6	0	7,391	495	3,910	7,391	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/15/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	1,250	275	84	1,286
SQUEEZE	1ST	3,282	250	2,250	3,300

Details of work:

Found hole in casing at 3282'. Obtained an approved Form 4 to repair casing and to perform an annular fill for upcoming offset frac mitigation.

Squeezed hole in casing at 3282' via retainer w/ 250 sx Class G 1.15 ft3/sx. Drilled out, ran CBL, new cement from 2250 - 3300. Pressure tested to 1000 psi for 30 mins, no leakoff.

Performed annular fill via 1" tbg. Pumped 275 sx Class G 1.15 ft3/sx from 1250'. Ran CBL and new cement from 84' - 1286'.

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	

Comment:

The purpose of this Form 5 is to report change in wellbore configuration from a casing repair and annular fill.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Ty Woodworth _____

Title: Prod Eng Lead _____

Date: _____

Email: twoodworth@gwogco.com _____

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401135940	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
400976602	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400976604	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401126059	WELLBORE DIAGRAM	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)