

FORM  
5Rev  
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



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Document Number:

400976589

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: 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&amp;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

User Group

Comment

Comment Date

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Total: 0 comment(s)