

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



DE ET OE ES

Document Number:

401018296

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 05-123-38748-00

County: WELD

Well Name: Spaur Brothers EH

Well Number: 31-339HN

Location: QtrQtr: SESE Section: 31 Township: 7N Range: 63W Meridian: 6

Footage at surface: Distance: 352 feet Direction: FSL Distance: 210 feet Direction: FEL

As Drilled Latitude: 40.523797 As Drilled Longitude: -104.471033

GPS Data:

Date of Measurement: 10/01/2015 PDOP Reading: 1.3 GPS Instrument Operator's Name: Zane Bullard

** 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: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/23/2014 Date TD: 08/24/2014 Date Casing Set or D&A: 08/24/2014

Rig Release Date: 08/24/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 1070 TVD** 1070 Plug Back Total Depth MD 1009 TVD** 1009

Elevations GR 4736 KB 4752 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

No logs run yet so no formation tops available to report.

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
CONDUCTOR	24	16	42	0	80	61	0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,070	490	0	1,070	VISU

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	

Comment:

Surface was set on this well on 8/24/2014. Activities were suspended 8/24/2014 prior to reaching TD when surface casing was established. A form 6 to P&A this well has also been submitted. No top or bottom of production zone to report yet.

Depths on cement job summary are incorrect.

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 ?			
<u>Attachment Checklist</u>					
401018315	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
401018316	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)