

FORM
5Rev
09/14State 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:

401895455

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: Renee Kendrick

Name of Operator: GREAT WESTERN OPERATING COMPANY LLC

Phone: (720) 595-2114

Address: 1001 17TH STREET #2000

Fax:

City: DENVER State: CO Zip: 80202

API Number 05-123-44335-00

County: WELD

Well Name: Ottesen LE

Well Number: 06-290HN

Location: QtrQtr: NWSE Section: 33 Township: 1N Range: 66W Meridian: 6

Footage at surface: Distance: 1410 feet Direction: FSL Distance: 1593 feet Direction: FEL

As Drilled Latitude: 40.004328 As Drilled Longitude: -104.778379

GPS Data:

Date of Measurement: 01/23/2019 PDOP Reading: 1.6 GPS Instrument Operator's Name: RYAN WILLIAMS

** If directional footage at Top of Prod. Zone Dist.: 1563 feet. Direction: FSL Dist.: 596 feet. Direction: FEL

Sec: 5 Twp: 1S Rng: 66W

** If directional footage at Bottom Hole Dist.: 1605 feet. Direction: FSL Dist.: 2532 feet. Direction: FWL

Sec: 6 Twp: 1S Rng: 66W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 11/03/2018 Date TD: 01/13/2019 Date Casing Set or D&A: 01/15/2019

Rig Release Date: 01/24/2019 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 17953 TVD** 7580 Plug Back Total Depth MD 17944 TVD** 7580

Elevations GR 5076 KB 5096 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Composite, Mud, MWD/LWD, CBL, (Composite in 123-44337)

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 | 1,777 | 799 | 0 | 1,777 | VISU |
| 1ST | 8+1/2 | 5+1/2 | 17 | 0 | 17,953 | 1,845 | 3,380 | 17,953 | CBL |

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 | 5,434 | 5,591 | NO | NO | |
| SUSSEX | 5,921 | 6,219 | NO | NO | |
| SHANNON | 7,030 | 7,243 | NO | NO | |
| SHARON SPRINGS | 9,421 | | NO | NO | |
| NIOBRARA | 9,654 | | NO | NO | |

Comment:

This well was drilled during the first rig occupation on the Ottesen Pad.

No open-hole logs were run; Open-hole composite log was run on the Ottesen LE 06-311HC (123-44337); Approved APD had BMP requiring one well on pad to be logged with an open hole resistivity log with gamma ray.

The Lat/Long on the composite log is reported incorrectly

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

Signed: _____

Print Name: Renee Kendrick

Title: Sr. Regulatory Analyst Date: _____ Email: rkendrick@gwogco.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 401970297 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 401996135 | 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> | | | |
| 401969320 | LAS-COMPOSITE | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401969325 | LAS-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401969330 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401969332 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401969335 | LAS-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401969339 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401970252 | PDF-COMPOSITE | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401970295 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

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

Total: 0 comment(s)

