

FORM
5Rev
02/20

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401717422

Date Received:

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 10110

Contact Name: Miracle Pfister

Name of Operator: GREAT WESTERN OPERATING COMPANY LLC

Phone: (720) 595-2250

Address: 1001 17TH STREET #2000

Fax:

City: DENVER State: CO Zip: 80202

Email: regulatorypermitting@gwogco.com

API Number 05-123-46041-00

County: WELD

Well Name: Postle IC

Well Number: 09-299HN

 Location: QtrQtr: SWNW Section: 11 Township: 3N Range: 68W Meridian: 6
 FNL/FSL FEL/FWL

Footage at surface: Distance: 1567 feet Direction: FNL Distance: 609 feet Direction: FWL

As Drilled Latitude: 40.243672 As Drilled Longitude: -104.977598

GPS Data: GPS Quality Value: 1.5 Type of GPS Quality Value: Date of Measurement: 10/09/2018

GPS Instrument Operator's Name: James Freshwater

FNL/FSL

FEL/FWL

 ** If directional footage at Top of Prod. Zone Dist: 1590 feet Direction: FSL Dist: 333 feet Direction: FWL
 Sec: 11 Twp: 3N Rng: 68W

FNL/FSL

FEL/FWL

 ** If directional footage at Bottom Hole Dist: 1618 feet Direction: FSL Dist: 416 feet Direction: FWL
 Sec: 9 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) 01/04/2018 Date TD: 03/08/2018 Date Casing Set or D&A: 03/10/2018

Rig Release Date: 03/30/2018 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 18533 TVD** 7097 Plug Back Total Depth MD 18525 TVD** 7097

Elevations GR 4977 KB 4997

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, Mud Log, MWD/LWD, (Triple Combo 123-39322)

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	1,528	672	0	1,528	VISU
1ST	8+1/2	5+1/2	17	0	18,533	3,158	3,850	18,533	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	3,653	3,918	NO	NO	
SUSSEX	4,180	4,300	NO	NO	
SHANNON	4,777	4,877	NO	NO	
SHARON SPRINGS	7,406		NO	NO	
NIOBRARA	7,598		NO	NO	

Operator Comments:

Alternative Logging Program - No open-hole logs were run. This log was run in the Postle IC 11-159HC (API # 123-39322) in the form of a Triple Combo.

This well was drilled during the fourth rig occupation of the Postle IC Pad 11-4HN.

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

Signed: _____

Print Name: Jack Desmond

Title: Regulatory Analyst

Date: _____

Email: jdesmond@gwogco.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
401723621	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
402297191	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>					
402230775	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402285237	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402285241	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402285246	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402285248	PDF-MWD/LWD	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)

