

FORM  
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Rev  
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:

402265347

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: <u>10110</u>	Contact Name: <u>Eileen Roberts</u>
Name of Operator: <u>GREAT WESTERN OPERATING COMPANY LLC</u>	Phone: <u>(720) 595-2115</u>
Address: <u>1001 17TH STREET #2000</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>eroberts@gwp.com</u>

API Number <u>05-123-46417-00</u>	County: <u>WELD</u>
Well Name: <u>Schneider HD</u>	Well Number: <u>11-102HNX</u>
Location: QtrQtr: <u>NWSW</u> Section: <u>7</u> Township: <u>4N</u> Range: <u>66W</u> Meridian: <u>6</u>	
FNL/FSL <span style="float: right;">FEL/FWL</span>	
Footage at surface: Distance: <u>1819</u> feet Direction: <u>FSL</u> Distance: <u>887</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.324208</u> As Drilled Longitude: <u>-104.826554</u>	
GPS Data: GPS Quality Value: <u>1.6</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>09/05/2019</u>	
GPS Instrument Operator's Name: <u>Matthew Miller</u>	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Top of Prod. Zone Dist: <u>1486</u> feet Direction: <u>FNL</u> Dist: <u>533</u> feet Direction: <u>FEL</u>	
Sec: <u>12</u> Twp: <u>4N</u> Rng: <u>67W</u>	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Bottom Hole Dist: <u>1515</u> feet Direction: <u>FNL</u> Dist: <u>256</u> feet Direction: <u>FWL</u>	
Sec: <u>11</u> Twp: <u>4N</u> Rng: <u>67W</u>	
Field Name: <u>WATTENBERG</u> Field Number: <u>90750</u>	
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) 09/04/2019 Date TD: 11/02/2019 Date Casing Set or D&A: 11/03/2019

Rig Release Date: 11/24/2019 Per Rule 308A.b.

Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD <u>17678</u> TVD** <u>6871</u> Plug Back Total Depth MD <u>17667</u> TVD** <u>6871</u>
Elevations GR <u>4735</u> KB <u>4755</u> <b>Digital Copies of ALL Logs must be Attached per Rule 308A</b> <input checked="" type="checkbox"/>

List Electric Logs Run:

Mud, MWD/LWD, CBL (Composite in 123-46407)

### 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	1,611	720	0	1,611	VISU
1ST	8+1/2	5+1/2	17	0	17,678	2,430	880	17,678	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	3,683	3,828	NO	NO	
SUSSEX	4,241	4,544	NO	NO	
SHANNON	4,901	5,002	NO	NO	
SHARON SPRINGS	7,379		NO	NO	
NIOBRARA	7,585		NO	NO	

Operator Comments:

This well was drilled during the second rig occupation on the Schneider Pad.

Alternative logging program: No open-hole logs were run; Open-hole composite log was run on the Schneider HD 11-182HC (123-46407);  
Approved APD had BMP requiring one well on pad to be logged with an open hole resistivity log with gamma ray.

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

Signed: \_\_\_\_\_

Print Name: Eileen Roberts

Title: Regulatory Analyst

Date: \_\_\_\_\_

Email: eroberts@gwp.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
402267600	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402267640	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"/>
<b>Other Attachments</b>			
402267638	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402267648	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402267656	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402267668	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402267680	LAS-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)

