

FORM
5

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:

402265348

Date Received:

08/12/2020

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

API Number 05-123-46406-00 County: WELD
Well Name: Schneider HD Well Number: 11-102HN
Location: QtrQtr: NWSW Section: 7 Township: 4N Range: 66W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 1829 feet Direction: FSL Distance: 898 feet Direction: FWL
As Drilled Latitude: 40.324233 As Drilled Longitude: -104.826513
GPS Data: GPS Quality Value: 1.4 Type of GPS Quality Value: PDOP Date of Measurement: 09/07/2019
GPS Instrument Operator's Name: Matthew Miller FNL/FSL _____ FEL/FWL _____
** If directional footage at Top of Prod. Zone Dist: 1702 feet Direction: FNL Dist: 535 feet Direction: FEL
Sec: 12 Twp: 4N Rng: 67W FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: 1609 feet Direction: FNL Dist: 256 feet Direction: FWL
Sec: 11 Twp: 4N Rng: 67W
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 09/05/2019 Date TD: 10/28/2019 Date Casing Set or D&A: 10/29/2019

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 17758 TVD** 7054 Plug Back Total Depth MD 17747 TVD** 7054

Elevations GR 4735 KB 4755 Digital Copies of ALL Logs must be Attached per Rule 308A

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	1,593	720	0	1,593	VISU
1ST	8+1/2	5+1/2	17	0	17,758	2,485	680	17,758	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	3,657	3,811	NO	NO	
SUSSEX	4,199	4,484	NO	NO	
SHANNON	4,852	4,961	NO	NO	
SHARON SPRINGS	7,267		NO	NO	
NIOBRARA	7,384		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.

Surface Casing Pressure Test failed on 9/05/2019. The surface casing test was re-run on 10/24/2019 when the production rig arrived. The pressure test passed. The pressure chart is attached to this Form 5 as "Other".

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: 8/12/2020

Email: eroberts@gwp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402267801	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402305362	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"/>
402461897	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
402265348	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402267808	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402267891	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402267929	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402267953	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402267955	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>
Permit	•Permitting review complete and task passed.	07/29/2020
Engineer	•15 minute casing test would not hold, no comment or further action •Engineering review complete •Pressure test attached - Passed	07/27/2020

Total: 2 comment(s)

