

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:

402370674

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>Miracle Pfister</u>
Name of Operator: <u>GREAT WESTERN OPERATING COMPANY LLC</u>	Phone: <u>(720) 595-2250</u>
Address: <u>1001 17TH STREET #2000</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>regulatorypermitting@gwp.com</u>

API Number <u>05-123-36593-00</u>	County: <u>WELD</u>
Well Name: <u>Land JG</u>	Well Number: <u>31-17D</u>
Location: QtrQtr: <u>SWSW</u> Section: <u>31</u> Township: <u>2N</u> Range: <u>64W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>308</u> feet Direction: <u>FSL</u> Distance: <u>929</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.088322</u> As Drilled Longitude: <u>-104.599353</u>	
GPS Data: GPS Quality Value: <u>1.9</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>03/17/2016</u>	
GPS Instrument Operator's Name: <u>DARREN SHANKS</u>	FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: <u>2047</u> feet Direction: <u>FSL</u> Dist: <u>1824</u> feet Direction: <u>FWL</u>	
Sec: <u>31</u> Twp: <u>2N</u> Rng: <u>64W</u>	FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: <u>2048</u> feet Direction: <u>FSL</u> Dist: <u>1814</u> feet Direction: <u>FWL</u>	
Sec: <u>31</u> Twp: <u>2N</u> Rng: <u>64W</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) 02/02/2013 Date TD: 02/06/2013 Date Casing Set or D&A: 02/07/2013

Rig Release Date: 03/26/2013 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD <u>7796</u> TVD** <u>7397</u> Plug Back Total Depth MD <u>7739</u> TVD** <u>7340</u>
Elevations GR <u>4933</u> KB <u>4947</u> Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/>

List Electric Logs Run:

CBL, Composite

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	12+1/4	8+5/8	24	0	1,026	670	0	1,026	VISU
1ST	7+7/8	4+1/2	11.6	0	7,751	580	2,800	7,751	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	4,282	4,393	NO	NO	
SUSSEX	4,873	4,981	NO	NO	
SHANNON	5,523	5,605	NO	NO	
SHARON SPRINGS	7,157		NO	NO	
NIOBRARA	7,276		NO	NO	
FORT HAYS	7,537		NO	NO	
CODELL	7,566		NO	NO	
CARLILE	7,579		NO	NO	
GREENHORN	7,626		NO	NO	

Operator Comments:

Form 2 was approved with SHL permitted as Lot 2. This is incorrect - Lot 2 is greater than 40 acres. SHL has been updated to SWSW.

The attached logs were already submitted in 2013 in .tif format. They have been resubmitted on this Form 5 in PDF and LAS.

LAS CBL was uploaded to provide the missing portion of gamma ray on the Composite log.

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@gwp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402373470	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402431180	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"/>
Other Attachments			
402431179	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402475442	LAS-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402475443	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402475444	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402475445	LAS-CEMENT BOND	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)

