

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

DRILLING COMPLETION REPORT

Document Number:
400151839

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

1. OGCC Operator Number: 10110 4. Contact Name: Jeff Reale
2. Name of Operator: GREAT WESTERN OIL & GAS COMPANY LLC Phone: (970) 686-8831
3. Address: 503 MAIN ST Fax: _____
City: WINDSOR State: CO Zip: 80550

5. API Number 05-123-31497-00 6. County: WELD
7. Well Name: HCW Well Number: 24-23
8. Location: QtrQtr: NWSW Section: 24 Township: 6N Range: 67W Meridian: 6
Footage at surface: Distance: 1359 feet Direction: FSL Distance: 1321 feet Direction: FWL
As Drilled Latitude: 40.469030 As Drilled Longitude: -104.846710

GPS Data:

Data of Measurement: 04/04/2011 PDOP Reading: 2.0 GPS Instrument Operator's Name: Curt Acklam

** If directional footage at Top of Prod. Zone Dist.: 1943 feet. Direction: FSL Dist.: 1954 feet. Direction: FWL
Sec: 24 Twp: 6N Rng: 67W

** If directional footage at Bottom Hole Dist.: 1943 feet. Direction: FSL Dist.: 1954 feet. Direction: FWL
Sec: 24 Twp: 6N Rng: 67W

9. Field Name: LAPOUDRE 10. Field Number: 48125

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 12/27/2010 13. Date TD: 01/01/2011 14. Date Casing Set or D&A: 01/02/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7429 TVD** 7320 17 Plug Back Total Depth MD 7399 TVD** 7290

18. Elevations GR 4757 KB 4773

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

Compensated Density Compensated Neutron Gamma Ray
Dual Induction Guard Log Gamma Ray
Gamma Ray CCL Cement Bond VDL

20. Casing, Liner and Cement:

CASING

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	552	430	0	552	CALC
1ST	7+7/8	4+1/2	11	0	7,415	650	2,140	7,415	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
GREELEY SAND	2,248	2,218	<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,533	3,459	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,290	4,185	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,690	4,581	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,882	6,773	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,192	7,083	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,210	7,101	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: _____ Print Name: Lisa Pfizenmaier

Title: Permit Technician Date: 4/12/2011 Email: lpfizenmaier@gwogco.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400153029	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
400151839	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400151851	LAS-DENSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)