

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

Document Number:  
400154061

**DRILLING COMPLETION REPORT**

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: Lisa Pfizenmaier  
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 05-123-31295-00 6. County: WELD  
7. Well Name: GUSTAFSON Well Number: 31-11  
8. Location: QtrQtr: NWNW Section: 31 Township: 7N Range: 65W Meridian: 6  
Footage at surface: Distance: 494 feet Direction: FNL Distance: 794 feet Direction: FWL  
As Drilled Latitude: 40.537780 As Drilled Longitude: -104.713000

GPS Data:

Data of Measurement: 04/04/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: Curt Acklam

\*\* If directional footage at Top of Prod. Zone Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_

Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

\*\* If directional footage at Bottom Hole Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_

Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

9. Field Name: EATON 10. Field Number: 19350

11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 02/28/2011 13. Date TD: 03/04/2011 14. Date Casing Set or D&A: 03/04/2011

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7445 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 7387 TVD\*\* \_\_\_\_\_

18. Elevations GR 4829 KB 4845

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:

High Resolution Induction;  
Compensated Density Compensated Neutron 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	573	430	0	573	CALC
1ST	7+7/8	4+1/2	11.6	0	7,400	545	3,096	7,400	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	2,912		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,783		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,513		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,976		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,249		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,279		<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: 4/15/2011 Email: lpfizenmaier@gwogco.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400154098	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"/>
<b>Other Attachments</b>			
400154061	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400154095	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)