

**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:

400164251

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 05-123-23782-00

6. County: WELD

7. Well Name: DILKA

Well Number: 6-52

8. Location: QtrQtr: SENW Section: 6 Township: 6N Range: 63W Meridian: 6

Footage at surface: Distance: 1312 feet Direction: FNL Distance: 1441 feet Direction: FWL

As Drilled Latitude: 40.519250 As Drilled Longitude: -104.483610

GPS Data:

Data of Measurement: 06/04/2011 PDOP Reading: 1.8 GPS Instrument Operator's Name: L. Robbins

** 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: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 04/22/2011 13. Date TD: 04/27/2011 14. Date Casing Set or D&A: 04/27/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7055 TVD** 17 Plug Back Total Depth MD 7018 TVD**

18. Elevations GR 4710 KB 4726

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;
High Resolution 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	590	350	0	590	CALC
1ST	7+7/8	4+1/2	11.6	0	7,031	525	3,430	7,031	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	2,867		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,600		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,320		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,952		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,598		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,847		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,886		<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: 6/7/2011

Email: lpfizenmaier@gwogco.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400172516	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>					
400164251	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400171247	LAS-COMBINATION OPEN HOLE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400172446	WELL LOCATION PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)