

**FORM**  
**5**  
Rev  
02/08

**State of Colorado**  
**Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:  
400282378

Date Received:

**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: Janni Keidel  
 2. Name of Operator: GREAT WESTERN OIL & GAS COMPANY LLC Phone: (303) 398-0388  
 3. Address: 700 AUTOMATION DR - UNIT A Fax: (866) 742-1784  
 City: WINDSOR State: CO Zip: 80550-

5. API Number 05-123-29033-00 6. County: WELD  
 7. Well Name: LIND Well Number: 20-13  
 8. Location: QtrQtr: NWSW Section: 20 Township: 7N Range: 66W Meridian: 6  
 Footage at surface: Distance: 1991 feet Direction: FSL Distance: 712 feet Direction: FWL  
 As Drilled Latitude: 40.558410 As Drilled Longitude: -104.809450

GPS Data:  
 Date of Measurement: 01/17/2012 PDOP Reading: 3.0 GPS Instrument Operator's Name: C. VanMatre

\*\* 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: WILDCAT 10. Field Number: 99999

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

12. Spud Date: (when the 1st bit hit the dirt) 10/19/2011 13. Date TD: 10/22/2011 14. Date Casing Set or D&A: 10/23/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7628 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 7595 TVD\*\* \_\_\_\_\_

18. Elevations GR 4961 KB 4975 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:  
Dual Induction, Compensated Density, Neutron Caliper

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	900	630	0	900	
1ST	7+7/8	4+1/2	11.6	0	7,609	505	2,800	7,609	

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

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

Details of work:

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	2,862		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,828		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,535		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,974		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,145		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,410		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,451		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

LTD: 7625'  
 DTD: 7628'

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

Signed: \_\_\_\_\_ Print Name: Janni Keidel

Title: Permit & Reg Analyst Date: \_\_\_\_\_ Email: Jkeidel@gwogco.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400282384	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>			
400282380	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)