

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



DE ET OE ES

Document Number:

400289014

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

5. API Number 05-123-35234-00  
6. County: WELD  
7. Well Name: Fritzier Well Number: 21-22-14  
8. Location: QtrQtr: SWNW Section: 21 Township: 6N Range: 66W Meridian: 6  
Footage at surface: Distance: 1702 feet Direction: FNL Distance: 583 feet Direction: FWL  
As Drilled Latitude: As Drilled Longitude:

GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

\*\* 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: BRACEWELL 10. Field Number: 7487

11. Federal, Indian or State Lease Number: 1891777

12. Spud Date: (when the 1st bit hit the dirt) 03/30/2012 13. Date TD: 04/02/2012 14. Date Casing Set or D&A: 04/03/2012

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7473 TVD\*\* 7319 17 Plug Back Total Depth MD 7433 TVD\*\* 7268

18. Elevations GR 4746 KB 4762

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:

GAMMA RAY CCL CEMENT BOND VDL  
HIGH RESOLUTION INDUCTION COMPENSATED DENSITY COMPENSATED NEUTRON LOG

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	690	520	0	690	
1ST	7+7/8	4+1/2	11.6	0	7,446	590	2,200	7,446	

**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:

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	2,678		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,684		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,433		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,888		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,993		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,272		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,295		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

LTD: 7456'  
 DTD: 7473'  
 As Built GPS Readings will be submitted at a later date.

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 ?	
<u>Attachment Checklist</u>			
400295313	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400289201	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"/>
400294249	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400289026	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400289209	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)