

FORM  
5Rev  
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:

400282118

Date Received:

07/02/2012

## 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 &amp; 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 05-123-33239-00

6. County: WELD

7. Well Name: Fritzler

Well Number: 8-8-17

8. Location: QtrQtr: SESE Section: 17 Township: 6N Range: 66W Meridian: 6

Footage at surface: Distance: 658 feet Direction: FSL Distance: 608 feet Direction: FEL

As Drilled Latitude: 40.482690 As Drilled Longitude: -104.794610

## GPS Data:

Date of Measurement: 01/17/2012 PDOP Reading: 2.3 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: BRACEWELL

10. Field Number: 7487

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 12/01/2011 13. Date TD: 12/06/2011 14. Date Casing Set or D&amp;A: 12/07/2011

## 15. Well Classification:

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

16. Total Depth MD 7433 TVD\*\* 7358 17 Plug Back Total Depth MD 7413 TVD\*\* 7338

18. Elevations GR 4771 KB 4785

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	687	490	0	687	VISU
1ST	7+7/8	4+1/2	11.6	0	7,425	260	2,575	7,425	CALC

## 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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
GREELEY SAND	2,634		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,666		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,390		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,842		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,976		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,226		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,245		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

LTD: 7428'  
DTD: 7435'

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: 7/2/2012

Email: jkeidel@gwogco.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<b>Attachment Checklist</b>		
400301675	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400282354	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"/>
400290544	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Other Attachments</b>		
400282118	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400282349	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passed this form because it was preliminary. Requested operator submit a Final Form 5 and include the following: •Top of Producing Zone and BHL footages •All paper and digital logs (attach to Well Log Upload, not Attachments) •Upload Directional data template	10/3/2012 1:38:33 PM

Total: 1 comment(s)