

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:

400341030

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: Shannon Hartnett

2. Name of Operator: GREAT WESTERN OIL &amp; GAS COMPANY LLC

Phone: (303) 830-9893

3. Address: 700 AUTOMATION DR - UNIT A

Fax: (866) 522-1673

City: WINDSOR State: CO Zip: 80550-

5. API Number 05-123-32968-00

6. County: WELD

7. Well Name: BINDER

Well Number: 2-4-20

8. Location: QtrQtr: NESW Section: 20 Township: 4N Range: 67W Meridian: 6

Footage at surface: Distance: 2479 feet Direction: FSL Distance: 2262 feet Direction: FWL

As Drilled Latitude: 40.298117 As Drilled Longitude: -104.914931

## GPS Data:

Data of Measurement: 07/25/2012 PDOP Reading: 2.3 GPS Instrument Operator's Name: D. Schwartz

\*\* If directional footage at Top of Prod. Zone Dist.: 2479 feet. Direction: FSL Dist.: 2262 feet. Direction: FWL

Sec: 20 Twp: 4N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 2572 feet. Direction: FSL Dist.: 1220 feet. Direction: FWL

Sec: 20 Twp: 4N Rng: 67W

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) 01/14/2012 13. Date TD: 01/17/2012 14. Date Casing Set or D&amp;A: 01/18/2012

## 15. Well Classification:

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

16. Total Depth MD 7535 TVD\*\* 7440 17 Plug Back Total Depth MD 7474 TVD\*\* 7379

18. Elevations GR 4902 KB 4916

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:

Triple Combo  
High Resolution Induction  
Compensated Density/Neutron Gamma Ray

## 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             | 530           | 370       | 0       | 530     |        |
| 1ST         | 7+7/8        | 4+1/2          | 11.6  | 0             | 7,502         | 580       | 2,500   | 7,502   |        |

**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   | 2,420          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| PARKMAN        | 3,670          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SUSSEX         | 4,234          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SHANNON        | 4,688          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| TEEPEE BUTTES  | 6,195          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA       | 7,058          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT HAYS      | 7,328          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL         | 7,350          |        | <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: Shannon Hartnett

Title: Permit Agent

Date: \_\_\_\_\_

Email: shartnett@gwogco.com

**Attachment Check List**

| Att Doc Num                 | Document Name          | attached ? |                                     |    |                                     |
|-----------------------------|------------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                        |            |                                     |    |                                     |
| 400341037                   | CMT Summary *          | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Core Analysis          | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 400341040                   | 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"/>            |
|                             | Other                  | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| <u>Other Attachments</u>    |                        |            |                                     |    |                                     |
| 400341034                   | LAS-TRIPLE COMBINATION | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400341035                   | PDF-INDUCTION          | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400341036                   | PDF-GAMMA RAY          | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

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

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Total: 0 comment(s)