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Document Number:  
400337848

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 & 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 05-123-35706-00 6. County: WELD  
 7. Well Name: Great Western Well Number: 25-53  
 8. Location: QtrQtr: NWSW Section: 25 Township: 6N Range: 67W Meridian: 6  
 Footage at surface: Distance: 2374 feet Direction: FSL Distance: 1031 feet Direction: FWL  
 As Drilled Latitude: 40.457220 As Drilled Longitude: -104.848000

GPS Data:  
 Date of Measurement: 10/19/2012 PDOP Reading: 1.4 GPS Instrument Operator's Name: D. Schwartz

\*\* If directional footage at Top of Prod. Zone Dist.: 2374 feet. Direction: FSL Dist.: 1031 feet. Direction: FWL  
 Sec: 25 Twp: 6N Rng: 67W  
 \*\* If directional footage at Bottom Hole Dist.: 1267 feet. Direction: FSL Dist.: 1329 feet. Direction: FWL  
 Sec: 25 Twp: 6N Rng: 67W

9. Field Name: LAPOUDRE SOUTH 10. Field Number: 48130  
 11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 07/31/2012 13. Date TD: 08/03/2012 14. Date Casing Set or D&A: 08/04/2012

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

16. Total Depth MD 7407 TVD\*\* 7238 17 Plug Back Total Depth MD 7367 TVD\*\* 7188

18. Elevations GR 4752 KB 4766  
 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:  
HRIC Density Neutron

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	901	640	0	901	
1ST	7+7/8	4+1/2	11.6	0	7,366	600	2,000	7,380	

**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	2,428		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,566		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,280		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,708		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,916		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,208		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,230		<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>			
400337858	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400337855	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>			
400337854	LAS-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)