

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:

400337879

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 05-123-35703-00 6. County: WELD  
7. Well Name: Great Western Well Number: 25-24-23  
8. Location: QtrQtr: NWSW Section: 25 Township: 6N Range: 67W Meridian: 6  
Footage at surface: Distance: 2357 feet Direction: FSL Distance: 1056 feet Direction: FWL  
As Drilled Latitude: 40.457170 As Drilled Longitude: -104.848000

## GPS Data:

Data 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.: 2357 feet. Direction: FSL Dist.: 1056 feet. Direction: FWL

Sec: 25 Twp: 6N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 9 feet. Direction: FNL Dist.: 2644 feet. Direction: FWL

Sec: 36 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) 08/04/2012 13. Date TD: 08/13/2012 14. Date Casing Set or D&amp;A: 08/14/2012

## 15. Well Classification:

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

16. Total Depth MD 7918 TVD\*\* 7200 17 Plug Back Total Depth MD 7902 TVD\*\* 7150

18. Elevations GR 4751 KB 4765

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	731	520	0	731	
1ST	7+7/8	4+1/2	11.6	0	7,902	610	2,000	7,914	

## 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	2,564		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,840		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,591		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,102		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,592		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,454		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,750		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,772		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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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>					
400337896	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400337893	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>					
400337890	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)