

**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:

400345528

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: 1700 BROADWAY SUITE 650

Fax: (866) 522-1673

City: DENVER State: CO Zip: 80290

5. API Number 05-123-33246-00

6. County: WELD

7. Well Name: Fritzler

Well Number: 6-8-17

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

Footage at surface: Distance: 660 feet Direction: FSL Distance: 668 feet Direction: FEL

As Drilled Latitude: 40.482680 As Drilled Longitude: -104.794820

## GPS Data:

Data of Measurement: 01/17/2012 PDOP Reading: 2.2 GPS Instrument Operator's Name: C. VanMatre

\*\* If directional footage at Top of Prod. Zone Dist.: 660 feet. Direction: FSL Dist.: 688 feet. Direction: FEL

Sec: 17 Twp: 6N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 74 feet. Direction: FSL Dist.: 1302 feet. Direction: FEL

Sec: 17 Twp: 6N Rng: 66W

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) 11/17/2011 13. Date TD: 11/20/2011 14. Date Casing Set or D&amp;A: 11/21/2011

## 15. Well Classification:

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

16. Total Depth MD 7418 TVD\*\* 7341 17 Plug Back Total Depth MD 7409 TVD\*\* 7330

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:

LAS - Triple Combo  
High Res Induction  
Comp Den/Neu 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	690	490	0	690	
1ST	7+7/8	4+1/2	11.6	0	7,379	520	3,000	7,379	

**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	2,636		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,638		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,376		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,818		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,975		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,232		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,243		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Please delete doc number 400276951 from the system - this replaces that form

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>					
400345540	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400345542	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>					
400345535	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400345536	IND-DENS-NEU	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400345538	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)