

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  
2. Name of Operator: GREAT WESTERN OIL & GAS COMPANY LLC  
3. Address: 1700 BROADWAY SUITE 650  
City: DENVER State: CO Zip: 80290  
4. Contact Name: Shannon Hartnett  
Phone: (303) 830-9893  
Fax: (866) 522-1673

5. API Number 05-123-33246-00  
6. County: WELD  
7. Well Name: Fritzier 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:  
Date 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&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)