

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



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Document Number:

400341043

Date Received:

11/15/2012

## 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 05-123-33515-00

6. County: WELD

7. Well Name: BOULTER

Well Number: 0-2-27

8. Location: QtrQtr: SENW Section: 27 Township: 5N Range: 65W Meridian: 6

Footage at surface: Distance: 1418 feet Direction: FNL Distance: 1465 feet Direction: FWL

As Drilled Latitude: 40.373629 As Drilled Longitude: -104.653617

## GPS Data:

Data of Measurement: 07/18/2012 PDOP Reading: 1.4 GPS Instrument Operator's Name: D. Schwartz

\*\* If directional footage at Top of Prod. Zone Dist.: 1323 feet. Direction: FNL Dist.: 70 feet. Direction: FWL

Sec: 27 Twp: 5N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 1323 feet. Direction: FNL Dist.: 70 feet. Direction: FWL

Sec: 27 Twp: 5N Rng: 65W

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) 03/16/2012 13. Date TD: 03/20/2012 14. Date Casing Set or D&amp;A: 03/21/2012

## 15. Well Classification:

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

16. Total Depth MD 7355 TVD\*\* 7327 17 Plug Back Total Depth MD 7340 TVD\*\* 6050

18. Elevations GR 4655 KB 4669

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  
Induction

## 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	531	370	0	531	
1ST	7+7/8	4+1/2	11.6	0	7,340	595	1,700	7,340	

**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	2,614		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,738		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,443		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,920		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,206		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,227		<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: 11/15/2012 Email: shartnett@gwogco.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400341078	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400341079	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"/>
400341081	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400341043	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400341077	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400347402	PDF-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400353021	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

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

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Total: 0 comment(s)