

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:

400301896

Date Received:

11/05/2012

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
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 05-123-35269-00
6. County: WELD
7. Well Name: JBL Well Number: 34-54
8. Location: QtrQtr: NWSE Section: 34 Township: 7N Range: 67W Meridian: 6
Footage at surface: Distance: 1514 feet Direction: FSL Distance: 1575 feet Direction: FEL
As Drilled Latitude: 40.527389 As Drilled Longitude: -104.876115

GPS Data:
Date of Measurement: 07/12/2012 PDOP Reading: 1.2 GPS Instrument Operator's Name: D. Schwartz

** If directional footage at Top of Prod. Zone Dist.: 1409 feet. Direction: FSL Dist.: 1401 feet. Direction: FEL
Sec: 34 Twp: 7N Rng: 67W
** If directional footage at Bottom Hole Dist.: 1970 feet. Direction: FSL Dist.: 769 feet. Direction: FEL
Sec: 34 Twp: 7N Rng: 67W

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) 04/23/2012 13. Date TD: 04/26/2012 14. Date Casing Set or D&A: 04/27/2012

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

16. Total Depth MD 7407 TVD** 7394 17 Plug Back Total Depth MD 7357 TVD** 7344

18. Elevations GR 4948 KB 4964
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:
Cement Bond
LAS
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	689	520	0	689	
1ST	7+7/8	4+1/2	11.6	0	7,374	540	2,000	7,374	

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	
NIOBRARA	6,910		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,194		<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: 11/5/2012 Email: shartnett@gwogco.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400320259	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400320327	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"/>
Other Attachments			
400301896	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400301902	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400353033	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400353035	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400353037	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)