

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:  
400414463

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 OPERATING COMPANY LLC  
3. Address: 1700 BROADWAY SUITE 650  
City: DENVER State: CO Zip: 80290  
4. Contact Name: Shannon Hartnett  
Phone: (303) 830-9893  
Fax:

5. API Number 05-123-36326-00  
6. County: WELD  
7. Well Name: Campbell JF Well Number: 17-6D  
8. Location: QtrQtr: SWNE Section: 17 Township: 2N Range: 65W Meridian: 6  
Footage at surface: Distance: 1512 feet Direction: FNL Distance: 1525 feet Direction: FEL  
As Drilled Latitude: 40.141808 As Drilled Longitude: -104.683886

GPS Data:  
Date of Measurement: 04/11/2013 PDOP Reading: 2.7 GPS Instrument Operator's Name: D. Schwartz

\*\* If directional footage at Top of Prod. Zone Dist.: 1320 feet. Direction: FNL Dist.: 2240 feet. Direction: FEL  
Sec: 17 Twp: 2N Rng: 65W  
\*\* If directional footage at Bottom Hole Dist.: 1320 feet. Direction: FNL Dist.: 2240 feet. Direction: FEL  
Sec: 17 Twp: 2N 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) 04/01/2013 13. Date TD: 04/04/2013 14. Date Casing Set or D&A: 04/05/2013

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

16. Total Depth MD 7519 TVD\*\* 7459 17 Plug Back Total Depth MD 7505 TVD\*\* 7445

18. Elevations GR 4916 KB 4930  
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:  
CBL & Triple Combination

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	953	600	0	953	
1ST	7+7/8	4+1/2	11.6	0	7,505	600	2,000	7,505	

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	
CODELL		7,354	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS		7,330	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA		7,086	<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN		4,026	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX		4,610	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This well was plugged and abandoned and well CAMPBELL JF 17-6D-1 (Form 2 Doc #400416544) replaced it.

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: Reg. Compl. Spec. Date: \_\_\_\_\_ Email: shartnett@gwogco.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400452518	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400452491	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"/>
400452502	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Other Attachments</b>			
400452492	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400452505	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400453627	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)