

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.

Document Number:
400278232

Date Received:
11/05/2012

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 10110 4. Contact Name: Shannon Hartnett
 2. Name of Operator: GREAT WESTERN OPERATING 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 05-123-33252-00 6. County: WELD
 7. Well Name: Hood Well Number: 6-2-20
 8. Location: QtrQtr: SESE Section: 17 Township: 6N Range: 66W Meridian: 6
 Footage at surface: Distance: 659 feet Direction: FSL Distance: 653 feet Direction: FEL
 As Drilled Latitude: 40.482680 As Drilled Longitude: -104.794770

GPS Data:
 Date of Measurement: 01/17/2012 PDOP Reading: 2.4 GPS Instrument Operator's Name: C. VanMatre

** If directional footage at Top of Prod. Zone Dist.: 1302 feet. Direction: FNL Dist.: 1240 feet. Direction: FEL
 Sec: 20 Twp: 6N Rng: 66W
 ** If directional footage at Bottom Hole Dist.: 1302 feet. Direction: FNL Dist.: 1240 feet. Direction: FEL
 Sec: 20 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) 11/22/2011 13. Date TD: 11/26/2011 14. Date Casing Set or D&A: 11/27/2011

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

16. Total Depth MD 7773 TVD** 7219 17 Plug Back Total Depth MD 7756 TVD** 7154

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:
 Induction
 Gamma Ray
 Cement Bond
 Triple Combo

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	7,770	610	2,700	7,770	

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	2,656		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,838		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,410		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,157		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,285		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,565		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,598		<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: Reg. Compl. Spec. Date: 11/5/2012 Email: shartnett@gwogco.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400295214	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400290284	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			
400278232	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400278233	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400300973	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400352923	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400352928	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400456993	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400457052	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Back to draft at opr request.	11/29/2012 4:04:54 PM

Total: 1 comment(s)