

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



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Document Number:
400278234

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 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 05-123-33214-00 6. County: WELD
 7. Well Name: Fritzler Well Number: 2-2-21
 8. Location: QtrQtr: SWNW Section: 21 Township: 6N Range: 66W Meridian: 6
 Footage at surface: Distance: 1707 feet Direction: FNL Distance: 569 feet Direction: FWL
 As Drilled Latitude: 40.476240 As Drilled Longitude: -104.790389

GPS Data:
 Date of Measurement: 01/17/2012 PDOP Reading: 1.8 GPS Instrument Operator's Name: C. VanMatre

** If directional footage at Top of Prod. Zone Dist.: 1312 feet. Direction: FNL Dist.: 1219 feet. Direction: FWL
 Sec: 21 Twp: 6N Rng: 66W
 ** If directional footage at Bottom Hole Dist.: 1312 feet. Direction: FNL Dist.: 1219 feet. Direction: FWL
 Sec: 21 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) 12/13/2011 13. Date TD: 12/17/2011 14. Date Casing Set or D&A: 12/17/2011

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

16. Total Depth MD 7404 TVD** 7337 17 Plug Back Total Depth MD 7850 TVD** 7283

18. Elevations GR 4746 KB 4760 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
 Density Neutron Gamma Ray CCL
 Cement Bond VDL - not electronically submitted but hard copy submitted

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	687	490	0	687	CALC
1ST	7+7/8	4+1/2	11.6	0	7,397	520	2,570	7,397	CBL

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	2,640		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,653		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,340		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,806		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,904		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,194		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,216		<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>			
400340224	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400290537	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>			
400278234	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400278235	TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400352940	INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400352945	GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400455033	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Correct directional data received and uploaded. Opr uploaded missing CBL and PDF of triple combo. Ready to pass.	7/24/2013 3:20:36 PM
Permit	Sent second request for logs and corrected directional data.	4/26/2013 11:53:05 AM
Permit	On hold for hard copy logs. Directional data does not go to the TD.	3/14/2013 1:08:31 PM
Permit	Back to draft at Opr request.	11/29/2012 4:08:43 PM

Total: 4 comment(s)