

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



DE ET OE ES

Document Number:

400337514

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

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 05-123-35437-00

6. County: WELD

7. Well Name: H-Y

Well Number: 29-31-8

8. Location: QtrQtr: NENW Section: 29 Township: 6N Range: 67W Meridian: 6

Footage at surface: Distance: 814 feet Direction: FNL Distance: 1926 feet Direction: FWL

As Drilled Latitude: 40.462885 As Drilled Longitude: -104.919532

## GPS Data:

Data of Measurement: 07/25/2012 PDOP Reading: 1.5 GPS Instrument Operator's Name: D. Schwartz

\*\* If directional footage at Top of Prod. Zone Dist.: 1324 feet. Direction: FNL Dist.: 2608 feet. Direction: FWL

Sec: 29 Twp: 6N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 1345 feet. Direction: FNL Dist.: 2624 feet. Direction: FEL

Sec: 29 Twp: 6N 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) 06/09/2012 13. Date TD: 06/12/2012 14. Date Casing Set or D&amp;A: 06/13/2012

## 15. Well Classification:

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

16. Total Depth MD 7370 TVD\*\* 7292 17 Plug Back Total Depth MD 7328 TVD\*\* 7242

18. Elevations GR 4783 KB 4797

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:

High Resolution Induction Compensated density Compensated Neutron

## 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	901	670	0	902	CALC
1ST	7+7/8	4+1/2	11.6	0	7,328	570	1,100	7,368	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	2,320		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,472		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,184		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,902		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,194		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,215		<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 ?			
<u>Attachment Checklist</u>					
400337519	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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>					
400337514	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400337517	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400337521	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>



**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Engineer	Emailed operator for CBL. Rec'd CBL from operator.	7/30/2013 8:18:40 AM
Engineer	No CBL, informed permitting of missing log.	2/28/2013 12:09:21 PM
Permit	Back to draft at Opr request.	11/30/2012 3:45:38 PM

Total: 3 comment(s)