

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:

400337848

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 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: (866) 522-1673

5. API Number 05-123-35706-00
6. County: WELD
7. Well Name: Great Western Well Number: 25-53
8. Location: QtrQtr: NWSW Section: 25 Township: 6N Range: 67W Meridian: 6
Footage at surface: Distance: 2374 feet Direction: FSL Distance: 1031 feet Direction: FWL
As Drilled Latitude: 40.457220 As Drilled Longitude: -104.848000

GPS Data:
Date of Measurement: 10/19/2012 PDOP Reading: 1.4 GPS Instrument Operator's Name: D. Schwartz

** If directional footage at Top of Prod. Zone Dist.: 1267 feet. Direction: FSL Dist.: 1329 feet. Direction: FWL
Sec: 25 Twp: 6N Rng: 67W

** If directional footage at Bottom Hole Dist.: 1267 feet. Direction: FSL Dist.: 1329 feet. Direction: FWL
Sec: 25 Twp: 6N Rng: 67W

9. Field Name: LAPOUDRE SOUTH 10. Field Number: 48130
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/31/2012 13. Date TD: 08/03/2012 14. Date Casing Set or D&A: 08/04/2012

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

16. Total Depth MD 7407 TVD** 7238 17 Plug Back Total Depth MD 7367 TVD** 7198

18. Elevations GR 4752 KB 4766
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:
Triple Combo
Cement Bond
Induction

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	741	520	0	731	CALC
1ST	7+7/8	4+1/2	11.6	0	7,380	595	1,790	7,380	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	2,428		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,566		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,280		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,708		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,916		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,208		<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: Reg Compl Spec Date: 11/5/2012 Email: shartnett@gwogco.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400337858	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400337855	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>			
400337848	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400337854	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400353123	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400353125	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400459018	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400459020	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400467142	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Back to draft at Opr request.	11/30/2012 3:59:14 PM

Total: 1 comment(s)