

**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:

400278232

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 05-123-33252-00

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:

Data 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&amp;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: regulatorypermitting@gwogco.com

**Attachment Check List**

| Att Doc Num                 | Document Name          | attached ? |                                     |    |                                     |
|-----------------------------|------------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                        |            |                                     |    |                                     |
| 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"/> |
| <u>Other Attachments</u>    |                        |            |                                     |    |                                     |
| 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

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Total: 0 comment(s)