

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:

400337838

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 05-123-35699-00  
6. County: WELD  
7. Well Name: Great Western Well Number: 25-24-24  
8. Location: QtrQtr: NWSW Section: 25 Township: 6N Range: 67W Meridian: 6  
Footage at surface: Distance: 2383 feet Direction: FSL Distance: 1019 feet Direction: FWL  
As Drilled Latitude: 40.457240 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.: 19 feet. Direction: FNL Dist.: 1336 feet. Direction: FWL  
Sec: 36 Twp: 6N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 19 feet. Direction: FNL Dist.: 1336 feet. Direction: FWL  
Sec: 36 Twp: 6N Rng: 37W

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) 07/27/2012 13. Date TD: 07/30/2012 14. Date Casing Set or D&A: 07/31/2012

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7850 TVD\*\* 7217 17 Plug Back Total Depth MD 7810 TVD\*\* 7177

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	731	520	0	731	
1ST	7+7/8	4+1/2	11.6	0	7,823	620	2,000	7,823	

### 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	2,579		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,896		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,650		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,124		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,368		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,658		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,680		<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>			
400337846	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400337845	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>			
400337838	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400337844	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400353118	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400353120	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400458973	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400458975	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400458978	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400467132	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 3:58:09 PM

Total: 1 comment(s)