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Document Number:
400491801

Date Received:

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: Callie Fiddes
 2. Name of Operator: GREAT WESTERN OPERATING COMPANY LLC Phone: (303) 398-0550
 3. Address: 1700 BROADWAY SUITE 650 Fax: _____
 City: DENVER State: CO Zip: 80290

5. API Number 05-123-35562-00 6. County: WELD
 7. Well Name: Detterer FD Well Number: 24-37D
 8. Location: QtrQtr: NWNE Section: 25 Township: 6N Range: 67W Meridian: 6
 Footage at surface: Distance: 132 feet Direction: FNL Distance: 2423 feet Direction: FEL
 As Drilled Latitude: 40.464962 As Drilled Longitude: -104.841274

GPS Data:
 Date of Measurement: 11/28/2012 PDOP Reading: 2.4 GPS Instrument Operator's Name: D. Schwartz

** If directional footage at Top of Prod. Zone Dist.: 8 feet. Direction: FNL Dist.: 1295 feet. Direction: FEL
 Sec: 25 Twp: 6N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 8 feet. Direction: FNL Dist.: 1295 feet. Direction: FEL
 Sec: 25 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) 11/09/2012 13. Date TD: 11/11/2012 14. Date Casing Set or D&A: 11/13/2012

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

16. Total Depth MD 7408 TVD** 7251 17 Plug Back Total Depth MD 7383 TVD** 7226

18. Elevations GR 4744 KB 4758 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:

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	646	460	0	646	
1ST	7+7/8	4+1/2	11.6	0	7,396	585	2,000	7,382	

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	
PARKMAN	3,540		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,306		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,726		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,053		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,139		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,240		<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: Callie Fiddes

Title: Regulatory Tech Date: _____ Email: regulatorypermitting@gwogco.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400491971	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400491970	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"/>
Other Attachments			
400491820	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400491969	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)