

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



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Document Number:
400491994

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 05-123-35597-00	6. County: WELD
7. Well Name: HCW FD	Well Number: 24-36D
8. Location: QtrQtr: SESW Section: 24 Township: 6N Range: 67W Meridian: 6	
Footage at surface: Distance: 25 feet Direction: FSL	Distance: 2382 feet Direction: FWL
As Drilled Latitude: 40.465382	As Drilled Longitude: -104.842951

GPS Data:

Data of Measurement: 11/13/2012 PDOP Reading: 2.1 GPS Instrument Operator's Name: D. Schwartz

** If directional footage at Top of Prod. Zone Dist.: 37 feet. Direction: FSL Dist.: 2697 feet. Direction: FEL

Sec: 25 Twp: 6N Rng: 67W

** If directional footage at Bottom Hole Dist.: 37 feet. Direction: FNL Dist.: 2697 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) 10/18/2012 13. Date TD: 10/21/2012 14. Date Casing Set or D&A: 10/22/2012

15. Well Classification:

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

16. Total Depth MD 7281 TVD** 7264 17 Plug Back Total Depth MD 7247 TVD** 7213

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	645	460	0	645	
1ST	7+7/8	4+1/2	11.6	0	7,266	575	2,000	7,246	

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	3,492		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,200		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,592		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,840		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,083		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,108		<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 ?			
<u>Attachment Checklist</u>					
400492029	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400492028	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>					
400492024	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400492026	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)