

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



DE ET OE ES

Document Number:

400495509

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: 1801 BROADWAY #500

Fax:

City: DENVER State: CO Zip: 80202

5. API Number 05-123-35234-00

6. County: WELD

7. Well Name: Fritzler

Well Number: 21-22-14

8. Location: QtrQtr: SWNW Section: 21 Township: 6N Range: 66W Meridian: 6

Footage at surface: Distance: 1702 feet Direction: FNL Distance: 583 feet Direction: FWL

As Drilled Latitude: 40.476260 As Drilled Longitude: -104.790340

GPS Data:

Date of Measurement: 11/15/2012 PDOP Reading: 2.1 GPS Instrument Operator's Name: D. Schwartz

** If directional footage at Top of Prod. Zone Dist.: 2636 feet. Direction: FNL Dist.: 1326 feet. Direction: FWL

Sec: 21 Twp: 6N Rng: 66W

** If directional footage at Bottom Hole Dist.: 2636 feet. Direction: FNL Dist.: 1326 feet. Direction: FWL

Sec: 21 Twp: 6N Rng: 66W

9. Field Name: BRACEWELL

10. Field Number: 7487

11. Federal, Indian or State Lease Number: 1891777

12. Spud Date: (when the 1st bit hit the dirt) 03/30/2012 13. Date TD: 04/02/2012 14. Date Casing Set or D&A: 04/03/2012

15. Well Classification:

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

16. Total Depth MD 7473 TVD** 7319 17 Plug Back Total Depth MD 7433 TVD** 7279

18. Elevations GR 4746 KB 4762

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	732	520	0	732	VISU
1ST	7+7/8	4+1/2	11.6	0	7,446	590	2,200	7,446	CALC

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	2,678		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,684		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,433		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,888		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,010		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,272		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,299		<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>					
400495523	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400495521	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>					
400495518	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400495541	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)