

Document Number:  
400495404

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 05-123-33239-00 6. County: WELD  
 7. Well Name: Fritzler Well Number: 8-8-17  
 8. Location: QtrQtr: SESE Section: 17 Township: 6N Range: 66W Meridian: 6  
 Footage at surface: Distance: 658 feet Direction: FSL Distance: 608 feet Direction: FEL  
 As Drilled Latitude: 40.482690 As Drilled Longitude: -104.794610

GPS Data:  
 Date of Measurement: 01/17/2012 PDOP Reading: 2.3 GPS Instrument Operator's Name: C. VanMatre

\*\* If directional footage at Top of Prod. Zone Dist.: 50 feet. Direction: FSL Dist.: 50 feet. Direction: FEL  
 Sec: 17 Twp: 6N Rng: 66W  
 \*\* If directional footage at Bottom Hole Dist.: 50 feet. Direction: FSL Dist.: 50 feet. Direction: FEL  
 Sec: 17 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) 12/01/2011 13. Date TD: 12/06/2011 14. Date Casing Set or D&A: 12/07/2011

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

16. Total Depth MD 7433 TVD\*\* 7358 17 Plug Back Total Depth MD 7413 TVD\*\* 7338

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:

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	687	490	0	687	VISU
1ST	7+7/8	4+1/2	11.6	0	7,425	260	2,575	7,425	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	2,634		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,666		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,390		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,842		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,976		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,226		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,256		<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 ?	
<b>Attachment Checklist</b>			
400495430	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400495429	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"/>
<b>Other Attachments</b>			
400495426	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400495435	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)