

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:

400345528

Date Received:

11/12/2012

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

4. Contact Name: Shannon Hartnett

2. Name of Operator: GREAT WESTERN OPERATING COMPANY LLC

Phone: (303) 830-9893

3. Address: 1801 BROADWAY #500

Fax: (866) 522-1673

City: DENVER State: CO Zip: 80202

5. API Number 05-123-33246-00

6. County: WELD

7. Well Name: Fritzler

Well Number: 6-8-17

8. Location: QtrQtr: SESE Section: 17 Township: 6N Range: 66W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FSL Distance: 668 feet Direction: FEL

As Drilled Latitude: 40.482680 As Drilled Longitude: -104.794820

GPS Data:

Date of Measurement: 01/17/2012 PDOP Reading: 2.2 GPS Instrument Operator's Name: C. VanMatre

** If directional footage at Top of Prod. Zone Dist.: 74 feet. Direction: FSL Dist.: 1301 feet. Direction: FEL

Sec: 17 Twp: 6N Rng: 66W

** If directional footage at Bottom Hole Dist.: 74 feet. Direction: FSL Dist.: 1302 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) 11/17/2011 13. Date TD: 11/20/2011 14. Date Casing Set or D&A: 11/21/2011

15. Well Classification:

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

16. Total Depth MD 7418 TVD** 7341 17 Plug Back Total Depth MD 7409 TVD** 7330

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:

LAS - Triple Combo
High Res Induction
Comp Den/Neu Gamma Ray

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	690	490	0	690	CALC
1ST	7+7/8	4+1/2	11.6	0	7,379	520	2,710	7,379	CBL

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	2,636		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,638		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,376		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,818		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,975		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,232		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,243		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Please delete doc number 400276951 from the system - this replaces that form

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: Permit Agent

Date: 11/12/2012

Email: shartnett@gwogco.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400345540	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2114326	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>					
400345528	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400345535	TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400345536	INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400345538	GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400491881	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	Received and attached correct Directional Survey and data. Corrected TPZ footages. Requested LAS gamma ray and induction logs. Ready to pass.	10/8/2013 2:13:05 PM
Permit	Sent another request for directional data.	9/17/2013 3:51:05 PM
Permit	Requested new directional data sheet. Does not match the Directional Survey.	3/8/2013 11:02:01 AM
Permit	Logs received 11/14/12	11/27/2012 11:47:58 AM
Permit	Requested paper Triple Combination and CBL. Requested Directional data spreadsheet. This document replaces 400276951 which was withdrawn at the operator's request.	11/13/2012 10:07:59 AM

Total: 5 comment(s)