

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:

400497400

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 05-123-37814-00

6. County: WELD

7. Well Name: Tailholt FD

Well Number: 11-35HN

8. Location: QtrQtr: NWNW Section: 11 Township: 6N Range: 67W Meridian: 6

Footage at surface: Distance: 241 feet Direction: FNL Distance: 587 feet Direction: FWL

As Drilled Latitude: 40.508330 As Drilled Longitude: -104.868003

GPS Data:

Data of Measurement: 10/16/2013 PDOP Reading: 4.4 GPS Instrument Operator's Name: D. Schwartz

** If directional footage at Top of Prod. Zone Dist.: 470 feet. Direction: FSL Dist.: 1033 feet. Direction: FWL

Sec: 11 Twp: 6N Rng: 67W

** If directional footage at Bottom Hole Dist.: 470 feet. Direction: FSL Dist.: 1033 feet. Direction: FWL

Sec: 11 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) 09/28/2013 13. Date TD: 10/11/2013 14. Date Casing Set or D&A: 10/12/2013

15. Well Classification:

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

16. Total Depth MD 12019 TVD** 7120 17 Plug Back Total Depth MD 11990 TVD** 7091

18. Elevations GR 4876 KB 4892

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	13+1/2	9+5/8	36	0	1,132	390	0	1,132	
1ST	8+3/4	7	23	0	7,598	690	1,130	7,598	
2ND	6+1/8	4+1/2	11.6	6610	11,990				

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	
SHARON SPRINGS	6,966		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,081		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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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>					
400498751	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400505691	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>					
400505639	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400505690	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)