

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:

400414470

Date Received:

07/24/2013

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:

City: DENVER State: CO Zip: 80202

5. API Number 05-123-36324-00

6. County: WELD

7. Well Name: Campbell JF

Well Number: 17-41D

8. Location: QtrQtr: SWNE Section: 17 Township: 2N Range: 65W Meridian: 6

Footage at surface: Distance: 1512 feet Direction: FNL Distance: 1465 feet Direction: FEL

As Drilled Latitude: 40.141810 As Drilled Longitude: -104.683537

GPS Data:

Data of Measurement: 03/20/2013 PDOP Reading: 2.2 GPS Instrument Operator's Name: D. Schwartz

** If directional footage at Top of Prod. Zone Dist.: 1320 feet. Direction: FNL Dist.: 0 feet. Direction: FEL

Sec: 17 Twp: 2N Rng: 65W

** If directional footage at Bottom Hole Dist.: 1320 feet. Direction: FNL Dist.: 0 feet. Direction: FEL

Sec: 17 Twp: 2N Rng: 65W

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) 01/29/2013 13. Date TD: 02/01/2013 14. Date Casing Set or D&A: 02/02/2013

15. Well Classification:

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

16. Total Depth MD 7623 TVD** 7419 17 Plug Back Total Depth MD 7581 TVD** 7377

18. Elevations GR 4916 KB 4930

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:

CBL & Triple Combination

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	943	650	0	943	VISU
1ST	7+7/8	4+1/2	11.6	0	7,594	570	2,040	7,594	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	
CODELL		7,460	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS		7,439	<input type="checkbox"/>	<input type="checkbox"/>	
GREELEY SAND		2,914	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA		7,184	<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN		4,160	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX		4,520	<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: Shannon Hartnett

Title: Reg. Compl. Spec. Date: 7/24/2013 Email: shartnett@gwogco.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400453615	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400537171	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>					
400414470	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400452480	TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400537152	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400537169	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	Correct directional template is uploaded. CBL is attached. Ready to pass.	1/9/2014 2:02:43 PM
Permit	Corrected casing strings. On hold. Directional survey does not match the directional data. Footages ok. CBL should be uploaded to Well Logs tab and removed as attachment. PDF of Triple Combo already sent into office. Can be removed from attachments too.	8/14/2013 10:06:02 AM

Total: 2 comment(s)