

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:

400414473

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 05-123-36297-00

6. County: WELD

7. Well Name: Campbell JF

Well Number: 17-8D

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: 40.141809 As Drilled Longitude: -104.683640

## 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.: 1980 feet. Direction: FNL Dist.: 660 feet. Direction: FEL

Sec: 17 Twp: 2N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 1980 feet. Direction: FNL Dist.: 660 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) 01/24/2013 13. Date TD: 01/27/2013 14. Date Casing Set or D&amp;A: 01/28/2013

## 15. Well Classification:

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

16. Total Depth MD 7510 TVD\*\* 7420 17 Plug Back Total Depth MD 7481 TVD\*\* 7390

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:

Triple Combination, CBL

## 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	7,495	590	1,690	7,495	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	2,872		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	4,094	4,094	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,637		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,080		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,334		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,357		<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>					
400453606	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400537209	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>					
400414473	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400452451	TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400537208	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Cmt summary is for Long String w/ only receipt for Surface casing. GIS plot shows well origin at 123-36324 (well to the east of planned) then meandering down to cross and follow planned path. Or the 123-3624 is WAY off it's plan and crossing plan for this well and this well data isn't entered. Either way it is FUBAR	4/3/2014 11:42:03 AM
Permit	CBL submitted on sundry. Ready to pass.	1/9/2014 2:58:03 PM
Permit	Correct directional template is uploaded. Still missing CBL.	1/9/2014 2:06:20 PM
Permit	On hold. Directional survey does not match the directional data. Footages ok. Moved formation tops to correct boxes. CBL PDF attached as Other.	8/14/2013 9:58:09 AM

Total: 4 comment(s)