

FORM
5
Rev
09/14

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400970000

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

OGCC Operator Number: 10110 Contact Name: Callie Fiddes
 Name of Operator: GREAT WESTERN OPERATING COMPANY LLC Phone: (303) 398-0550
 Address: 1801 BROADWAY #500 Fax: _____
 City: DENVER State: CO Zip: 80202

API Number 05-123-39322-00 County: WELD
 Well Name: Postle IC Well Number: 11-159HC
 Location: QtrQtr: SWNW Section: 11 Township: 3N Range: 68W Meridian: 6
 Footage at surface: Distance: 1555 feet Direction: FNL Distance: 511 feet Direction: FWL
 As Drilled Latitude: 40.243707 As Drilled Longitude: -104.977971

GPS Data:
 Date of Measurement: 12/23/2014 PDOP Reading: 2.9 GPS Instrument Operator's Name: Deb Schwartz

** If directional footage at Top of Prod. Zone Dist.: 2032 feet. Direction: FNL Dist.: 527 feet. Direction: FWL
 Sec: 11 Twp: 3N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 2015 feet. Direction: FNL Dist.: 499 feet. Direction: FEL
 Sec: 11 Twp: 3N Rng: 68W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 08/17/2014 Date TD: 11/07/2014 Date Casing Set or D&A: 11/08/2014
 Rig Release Date: 11/09/2014 Per Rule 308A.b.

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

Total Depth MD 12050 TVD** 7328 Plug Back Total Depth MD 11999 TVD** 7326

Elevations GR 4977 KB 4993 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, gamma ray, resistivity

CASING, LINER AND CEMENT

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	1,073	420	0	1,073	CALC
1ST	8+3/4	7	26	0	7,724	715	90	7,724	CBL
1ST LINER	6+1/8	4+1/2	11.6	7462	12,045	320	7,462	12,045	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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,616	3,949	NO	NO	
SUSSEX	4,113	4,281	NO	NO	
SHANNON	4,614	4,743	NO	NO	
SHARON SPRINGS	7,007	7,207	NO	NO	
NIOBRARA	7,208	7,664	NO	NO	
FORT HAYS	7,665	7,750	NO	NO	
CODELL	7,751		NO	NO	

Comment:

The open hole resistivity log was run on this well for the pad.

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 Specialist Date: _____ Email: regulatorypermitting@gwogco.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400984485	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400986786	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"/>
Other Attachments			
400970044	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400970068	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400970085	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400970107	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400970155	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400971823	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400971936	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)