

FORM
5Rev
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



DE ET OE ES

Document Number:

401000121

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 05-123-38842-00

County: WELD

Well Name: Bruegman South EG

Well Number: 34-021HN

Location: QtrQtr: SWSW Section: 34 Township: 7N Range: 64W Meridian: 6

Footage at surface: Distance: 440 feet Direction: FSL Distance: 343 feet Direction: FWL

As Drilled Latitude: 40.523679 As Drilled Longitude: -104.544513

GPS Data:

Date of Measurement: 07/15/2014 PDOP Reading: 2.6 GPS Instrument Operator's Name: Deb Schwartz

** If directional footage at Top of Prod. Zone Dist.: 491 feet. Direction: FSL Dist.: 8 feet. Direction: FWL

Sec: 34 Twp: 7N Rng: 64W

** If directional footage at Bottom Hole Dist.: 484 feet. Direction: FNL Dist.: 25 feet. Direction: FWL

Sec: 34 Twp: 7N Rng: 64W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 04/09/2014 Date TD: 05/13/2014 Date Casing Set or D&A: 05/15/2014

Rig Release Date: 05/16/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11668 TVD** 6933 Plug Back Total Depth MD 11615 TVD** 6933

Elevations GR 4848 KB 4866

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, MWD/LWD, IND (API#05-123-22971)

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 |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| CONDUCTOR | 24 | 16 | 42 | 0 | 80 | 10 | 0 | 80 | VISU |
| SURF | 13+1/2 | 9+5/8 | 36 | 0 | 1,046 | 400 | 0 | 1,046 | VISU |
| 1ST | 8+3/4 | 7 | 26 | 0 | 7,367 | 655 | 1,010 | 7,367 | CBL |
| 1ST LINER | 6+1/8 | 4+1/2 | 11.6 | 6340 | 11,668 | | | | 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 | 3,824 | 3,890 | NO | NO | |
| SUSSEX | 4,483 | 4,670 | NO | NO | |
| SHANNON | 5,156 | 5,238 | NO | NO | |
| SHARON SPRINGS | 6,821 | 6,906 | NO | NO | |
| NIOBRARA | 6,906 | | NO | NO | |

Comment:

Open hole logging exception - no resistivity log run. The Vega 11-3 (API#05-123-22971) contains the triple combo/IND log, document number 700003561

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 ? |
|-----------------------------|-----------------------|---|
| <u>Attachment Checklist</u> | | |
| 401000156 | CMT Summary * | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 401203423 | 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> | | |
| 401000146 | CEMENT BOND | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401000152 | MWD/LWD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401000155 | MWD/LWD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401124429 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401190615 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|------------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)