

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:
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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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)