

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:

400999415

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: DeAnna Baird

Name of Operator: GREAT WESTERN OPERATING COMPANY LLC

Phone: (303) 398-0351

Address: 1801 BROADWAY #500

Fax: (866) 351-9506

City: DENVER State: CO Zip: 80202

API Number 05-123-24361-00

County: WELD

Well Name: GREAT WESTERN

Well Number: 26-51

Location: QtrQtr: SENE Section: 26 Township: 6N Range: 67W Meridian: 6

Footage at surface: Distance: 1320 feet Direction: FNL Distance: 1104 feet Direction: FEL

As Drilled Latitude: 40.461530 As Drilled Longitude: -104.855420

## GPS Data:

Date of Measurement: 09/11/2007 PDOP Reading: 2.3 GPS Instrument Operator's Name: L Robbins

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/26/2007 Date TD: 08/29/2007 Date Casing Set or D&amp;A: 08/30/2007

Rig Release Date: 08/30/2007 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 7285 TVD\*\* Plug Back Total Depth MD 7266 TVD\*\*

Elevations GR 4759 KB 4775 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

## List Electric Logs Run:

CBL

## 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	12+1/4	8+5/8	24	0	454	350	0	454	CALC
1ST	7+7/8	4+1/2	11.6	0	7,267	678	275	7,267	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 01/25/2016

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	1,340	238	275	1,340

Details of work:

On 1/25/2016 pumped an annular fill cement job from 1340' with a 1-1/4" work string. The job was done for offset mitigation and frac safety prep for our Burr Pad. We pumped 238 sacks of 15.8 ppg, 1.15 yield cement. A CBL was run from 1600' to surface and the TOC was verified at 275'.

### 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	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: DeAnna Baird

Title: Sr Drilling Technologist

Date: \_\_\_\_\_

Email: dbaird@gwogco.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
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#### Attachment Checklist

401002430	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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

400999419	CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400999761	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

**User Group**      **Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)