

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:

400986853

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: Scot Donato

Name of Operator: GREAT WESTERN OPERATING COMPANY LLC

Phone: (303) 398-0537

Address: 1801 BROADWAY #500

Fax:

City: DENVER

State: CO

Zip: 80202

API Number 05-123-36151-00

County: WELD

Well Name: Peterson CX GH

Well Number: #30-26D

Location: QtrQtr: SWNE Section: 30 Township: 5N Range: 63W Meridian: 6

Footage at surface: Distance: 1387 feet Direction: FNL Distance: 2262 feet Direction: FEL

As Drilled Latitude: 40.373842 As Drilled Longitude: -104.477825

GPS Data:

Date of Measurement: 01/29/2013 PDOP Reading: 2.0 GPS Instrument Operator's Name: D. Schwartz

** If directional footage at Top of Prod. Zone Dist.: 106 feet. Direction: FSL Dist.: 59 feet. Direction: FEL

Sec: 19 Twp: 5N Rng: 63W

** If directional footage at Bottom Hole Dist.: 105 feet. Direction: FSL Dist.: 56 feet. Direction: FEL

Sec: 19 Twp: 5N Rng: 63W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/01/2013 Date TD: 01/04/2013 Date Casing Set or D&A: 01/05/2013

Rig Release Date: 01/12/2013 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 7354 TVD** 6732 Plug Back Total Depth MD 7316 TVD** 6693

Elevations GR 4574 KB 4588

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

List Electric Logs Run:

CBL/GRL, IND/DEN/NEU

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 | 644 | 490 | 0 | 644 | VISU |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,329 | 570 | 2,165 | 7,329 | 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:

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 | 3,711 | | NO | NO | |
| SUSSEX | 4,251 | 4,346 | NO | NO | |
| SHANNON | 4,490 | 4,710 | NO | NO | |
| SHARON SPRINGS | 6,829 | 6,935 | NO | NO | |
| NIOBRARA | 6,936 | 7,162 | NO | NO | |
| FORT HAYS | 7,163 | 7,188 | NO | NO | |
| CODELL | 7,189 | | NO | NO | |

Comment:

This well has an Open Hole Induction/Density/Neutron log.

The Cement Job Summary contains summaries for both the Surface and Production Casing.

The production casing cement job summary has the following errors:
Incorrect hole depth and casing setting depth for surface casing

The Cement Bond log has the following errors:
Incorrect BHL footages
Incorrect elevations

The Combination Open Hole log has the following errors:
Incorrect BHL footages
Incorrect elevations
PDF doesn't show the same depth as LAS

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

Signed: _____

Print Name: Scot Donato

Title: Regulatory Manager Date: _____ Email: regulatorypermitting@gwogco.com

Attachment Check List

| Att Doc Num | Document Name | attached ? |
|-----------------------------|---------------------------|---|
| <u>Attachment Checklist</u> | | |
| 400987190 | CMT Summary * | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 400997359 | 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> | | |
| 400987189 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401256385 | PDF-COMBINATION OPEN HOLE | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401256387 | LAS-COMBINATION OPEN HOLE | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401256390 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401281797 | 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)