

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:
400988006

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 05-123-36170-00 County: WELD
 Well Name: Peterson CX GH Well Number: #30-28D
 Location: QtrQtr: SWNE Section: 30 Township: 5N Range: 63W Meridian: 6
 Footage at surface: Distance: 1408 feet Direction: FNL Distance: 2280 feet Direction: FEL
 As Drilled Latitude: 40.373790 As Drilled Longitude: -104.477890

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.: 74 feet. Direction: FSL Dist.: 2635 feet. Direction: FWL
 Sec: 19 Twp: 5N Rng: 63W
 ** If directional footage at Bottom Hole Dist.: 73 feet. Direction: FSL Dist.: 2637 feet. Direction: FWL
 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) 12/23/2012 Date TD: 12/26/2012 Date Casing Set or D&A: 12/27/2012
 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 7013 TVD** 6753 Plug Back Total Depth MD 7001 TVD** 6741

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	7,013	565	2,200	7,013	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	3,559	3,790	NO	NO	
SUSSEX	4,036	4,133	NO	NO	
SHANNON	4,275	4,441	NO	NO	
SHARON SPRINGS	6,484	6,585	NO	NO	
NIOBRARA	6,586	6,826	NO	NO	
FORT HAYS	6,827	6,851	NO	NO	
CODELL	6,852		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 casing setting depth for surface and production casing
Incorrect driller depth

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

The Combination Open Hole log has the following errors:
Incorrect BHL footages
Incorrect driller depths
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 ?	
Attachment Checklist			
400988110	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400997490	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			
400988109	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401257276	PDF-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401257279	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401257280	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401258176	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)