

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



DE ET OE ES

Document Number:
400989047

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 05-123-36149-00 County: WELD
Well Name: Peterson CX GH Well Number: #30-41D
Location: QtrQtr: SWNE Section: 30 Township: 5N Range: 63W Meridian: 6
Footage at surface: Distance: 1407 feet Direction: FNL Distance: 2262 feet Direction: FEL
As Drilled Latitude: 40.373785 As Drilled Longitude: -104.477827

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.: 1324 feet. Direction: FNL Dist.: 3 feet. Direction: FEL
Sec: 30 Twp: 5N Rng: 63W
** If directional footage at Bottom Hole Dist.: 1328 feet. Direction: FNL Dist.: 4 feet. Direction: FEL
Sec: 30 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) 01/05/2013 Date TD: 01/07/2013 Date Casing Set or D&A: 01/08/2013
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 7322 TVD** 6730 Plug Back Total Depth MD 7283 TVD** 6691

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	645	490	0	645	VISU
1ST	7+7/8	4+1/2	11.6	0	7,296	555	2,426	7,296	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	3,791	4,051	NO	NO	
SUSSEX	4,346	4,440	NO	NO	
SHANNON	4,584	4,724	NO	NO	
SHARON SPRINGS	6,812	6,892	NO	NO	
NIOBRARA	6,893	7,136	NO	NO	
FORT HAYS	7,137	7,159	NO	NO	
CODELL	7,160		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 surface casing cement job summary has the following errors:

Incorrect casing setting depth for surface

The production casing cement job summary has the following errors:

Incorrect casing setting depth for surface

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 ?	
Attachment Checklist			
400989051	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400997558	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			
400989050	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401258258	PDF-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401258259	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401258262	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401258525	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)