

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:

400999618

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 05-123-24282-00

County: WELD

Well Name: GREAT WESTERN

Well Number: 26-41

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

Footage at surface: Distance: 790 feet Direction: FNL Distance: 660 feet Direction: FEL

As Drilled Latitude: 40.463000 As Drilled Longitude: -104.853780

## GPS Data:

Date of Measurement: 10/27/2007 PDOP Reading: 2.7 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: LAPOUDRE

Field Number: 48125

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/17/2007 Date TD: 09/20/2007 Date Casing Set or D&amp;A: 09/21/2007

Rig Release Date: 09/21/2007 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 7268 TVD\*\*

Elevations GR 4761 KB 4777 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	453	360	0	453	CALC
1ST	7+7/8	4+1/2	11.6	0	7,283	500	3,400	7,283	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 01/19/2016

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	1,303	270	90	1,310

Details of work:

On 1/19/2016 pumped an annular fill cement job from 1303' with a 1-1/4" work string. The job was done for offset mitigation and frac safety prep for our Burr Pad. We pumped 270 sacks of 15.8 ppg, 1.15 yield cement. A CBL was run from 1600' to surface and the TOC was verified at 90'.

### 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

Title: Baird Date: \_\_\_\_\_ Email: dbaird@gwogco.com

### Attachment Check List

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

401002436	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

400999642	CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401309514	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)