

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



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Document Number:

401023690

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: Ashley Noonan

Name of Operator: GREAT WESTERN OPERATING COMPANY LLC

Phone: (303) 309-1594

Address: 1801 BROADWAY #500

Fax:

City: DENVER State: CO Zip: 80202

API Number 05-123-41684-00

County: WELD

Well Name: Simpson FD

Well Number: 16-062HN

Location: QtrQtr: SENE Section: 15 Township: 6N Range: 67W Meridian: 6

Footage at surface: Distance: 2036 feet Direction: FNL Distance: 1076 feet Direction: FEL

As Drilled Latitude: 40.488592 As Drilled Longitude: -104.874078

## GPS Data:

Date of Measurement: 10/19/2016 PDOP Reading: 1.5 GPS Instrument Operator's Name: Dallas Nielsen

\*\* If directional footage at Top of Prod. Zone Dist.: 966 feet. Direction: FNL Dist.: 576 feet. Direction: FEL

Sec: 15 Twp: 6N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 1050 feet. Direction: FNL Dist.: 494 feet. Direction: FWL

Sec: 16 Twp: 6N Rng: 67W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/15/2015 Date TD: 08/25/2015 Date Casing Set or D&amp;A: 08/27/2015

Rig Release Date: 08/28/2015 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 17088 TVD\*\* 7060 Plug Back Total Depth MD 17037 TVD\*\* 8869

Elevations GR 4811 KB 4827

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

## List Electric Logs Run:

CBL, GR, (Resistivity 123-41338)

## 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	13+1/2	9+5/8	36	0	1,290	546	0	1,290	VISU
1ST	7+7/8	5+1/2	17	0	17,086	2,139	688	17,086	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	3,553	3,731	NO	NO	
SUSSEX	4,087	4,314	NO	NO	
SHANNON	4,708	4,831	NO	NO	
SHARON SPRINGS	7,174	7,266	NO	NO	
NIOBRARA	7,266		NO	NO	

Comment:

CBL states the estimated top of cement for the first string casing to be ~610'. The true top of cement is at 688'

The surface cement report states 538 sacks of cement were used- the correct amount is 544 sacks

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

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

Print Name: Ashley Noonan \_\_\_\_\_

Title: Sr. Regulatory Analyst \_\_\_\_\_ Date: \_\_\_\_\_ Email: regulatorypermitting@gwogco.com \_\_\_\_\_

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
401359830	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401359829	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>		
401359783	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401359792	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401359825	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401359840	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401359885	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401379490	LAS-MWD/LWD	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)