# State of Colorado
# Oil and Gas Conservation Commission

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## DRILLING COMPLETION REPORT

**Document Number:** 401358833

**Date Received:** 09/28/2017

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: Miracle Pfister

Name of Operator: GREAT WESTERN OPERATING COMPANY LLC     Phone: (303) 398-0550

Address: 1801 BROADWAY #500          Fax:

City: DENVER     State: CO     Zip: 80202

API Number: 05-123-44036-00          County: WELD

Well Name: Marcus LD          Well Number: 11-368HN

Location: QtrQtr: SESE     Section: 34     Township: 1N     Range: 67W     Meridian: 6

Footage at surface: Distance: 1012 feet Direction: FSL  Distance: 260 feet Direction: FEL

As Drilled Latitude:          As Drilled Longitude:

GPS Data:

Date of Measurement:     PDOP Reading:     GPS Instrument Operator's Name:

** 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: WATTENBERG          Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/15/2017  Date TD:          Date Casing Set or D&A: 03/15/2017

Rig Release Date:          Per Rule 308A.b.

Well Classification:

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

Total Depth  MD 1708  TVD** 1708   Plug Back Total Depth  MD ___  TVD** ___

Elevations  GR 5052  KB 5060   **Digital Copies of ALL Logs must be Attached per Rule 308A**  ☐

List Electric Logs Run:

## 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 | 1,708 | 761 | 0 | 1,708 | VISU |

## 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 | |
| | | | | | |

Comment:

Pre-set Surface Casing, plan to resume drilling October 2017.

As Drilled Lat/Long data will be provided on the Final Form 5.

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

Signed: _____    Print Name:  Christi Ng

Title:  Sr. Regulatory Analyst        Date:      9/28/2017      Email:  cng@gwogco.com

## Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|---|---|---|---|---|---|
| Attachment Checklist | | | | | |
| 401415959 | CMT Summary * | Yes | ☒ | No | ☐ |
| | Core Analysis | Yes | ☐ | No | ☒ |
| | Directional Survey ** | Yes | ☐ | No | ☒ |
| | DST Analysis | Yes | ☐ | No | ☒ |
| | Logs | Yes | ☐ | No | ☒ |
| | Other | Yes | ☐ | No | ☒ |
| Other Attachments | | | | | |
| 401358833 | FORM 5 SUBMITTED | Yes | ☒ | No | ☐ |

## General Comments

| User Group | Comment | Comment Date |
|---|---|---|
| | | Stamp Upon Approval |

Total: 0 comment(s)