

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:
401441293

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: 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 05-123-43497-00 County: WELD
 Well Name: Kodak North FD Well Number: 28-122HC
 Location: QtrQtr: SENW Section: 26 Township: 6N Range: 67W Meridian: 6
 Footage at surface: Distance: 2352 feet Direction: FNL Distance: 1969 feet Direction: FWL
 As Drilled Latitude: 40.458736 As Drilled Longitude: -104.863286

GPS Data:
 Date of Measurement: 02/13/2017 PDOP Reading: 1.4 GPS Instrument Operator's Name: Jared Christopher

** If directional footage at Top of Prod. Zone Dist.: 1702 feet. Direction: FNL Dist.: 1946 feet. Direction: FWL
 Sec: 26 Twp: 6N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 1707 feet. Direction: FNL Dist.: 305 feet. Direction: FEL
 Sec: 28 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) 12/03/2016 Date TD: 01/05/2017 Date Casing Set or D&A: 01/08/2017
 Rig Release Date: 02/02/2017 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 15004 TVD** 7152 Plug Back Total Depth MD 14957 TVD** 7152

Elevations GR 4760 KB 4780 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MUD, MWD (123-43503 triple combo)

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	1,534	641	0	1,534	VISU
1ST	9+7/8	5+1/2	17	0	15,004	2,318	1,232	15,004	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	3,500	3,872	NO	NO	
SUSSEX	3,996	4,266	NO	NO	
SHANNON	4,559	4,804	NO	NO	
SHARON SPRINGS	6,836	6,953	NO	NO	
NIOBRARA	6,953		NO	NO	
FORT HAYS	7,413		NO	NO	

Comment:

A triple combo log was ran on the Kodak North FD 28-042HC (123-43503) for this pad.

Surf. Cmt: Job summary has set depth of surface incorrect, use depth provided on form for review.

Prod. Cmt: Job summary has set depth of liner incorrect, use depth provided on form for review.

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: _____

Email: cng@gwogco.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401441310	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401441315	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			
401441313	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401441316	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401441317	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401441318	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401441321	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)