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 **DRILLING COMPLETION REPORT**		DE	ET	OE	ES

DE	ET	OE	ES

Document Number:

401358896

Date Received:

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: 05-123-39346-00 County: WELD

Well Name: Kodak FD Well Number: 25-122HN

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

Footage at surface: Distance: 2352 feet Direction: FNL Distance: 1909 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.: ___ 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) 01/18/2017 Date TD: 01/20/2017 Date Casing Set or D&A: 01/20/2017

Rig Release Date: ___ Per Rule 308A.b.

Well Classification:

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

| Total Depth | MD | 1515 | TVD** | 1515 | Plug Back Total Depth | MD | | TVD** | |

| Elevations | GR | 4759 | KB | 4767 | **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	1,515	650	0	1,515	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:

Cement Job summary job log states that 650 sxs of cement were used in this job, please use this volume in your 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			
401441977	CMT Summary *	Yes ☒	No ☐
	Core Analysis	Yes ☐	No ☒
	Directional Survey **	Yes ☐	No ☒
	DST Analysis	Yes ☐	No ☒
	Logs	Yes ☐	No ☒
	Other	Yes ☐	No ☒

General Comments

User Group	**Comment**	**Comment Date**
		Stamp Upon Approval

Total: 0 comment(s)