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	DNR CO DE ET OE ES Document Number: 401358892 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: 05-123-39388-00   County: WELD

Well Name: Kodak North FD   Well Number: 25-039HC

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

Footage at surface: Distance: 2252 feet Direction: FNL   Distance: 1820 feet Direction: FWL

As Drilled Latitude: 40.459011   As Drilled Longitude: -104.863714

GPS Data:

Date of Measurement: 02/13/2017   PDOP Reading: 1.3   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) 01/23/2017 Date TD: 01/24/2017 Date Casing Set or D&A: 01/24/2017

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

Well Classification:

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

Total Depth	MD	1509	TVD**	1509	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	1,509	680	0	1,509	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:

Planned recommencement of drilling 4th Qtr 2018.

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

Att Doc Num	Document Name				
401442018	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)