

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:
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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 05-123-43241-00 County: WELD
 Well Name: T&M DE Well Number: 22-039HC
 Location: QtrQtr: SWSW Section: 15 Township: 8N Range: 66W Meridian: 6
 Footage at surface: Distance: 205 feet Direction: FSL Distance: 338 feet Direction: FWL
 As Drilled Latitude: 40.655309 As Drilled Longitude: -104.771745

GPS Data:
 Date of Measurement: 03/09/2018 PDOP Reading: 1.6 GPS Instrument Operator's Name: Jonathon Bayliff

** If directional footage at Top of Prod. Zone Dist.: 390 feet. Direction: FNL Dist.: 432 feet. Direction: FWL
 Sec: 22 Twp: 8N Rng: 66W
 ** If directional footage at Bottom Hole Dist.: 381 feet. Direction: FNL Dist.: 332 feet. Direction: FEL
 Sec: 22 Twp: 8N Rng: 66W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 03/02/2017 Date TD: 06/24/2017 Date Casing Set or D&A: 06/26/2017
 Rig Release Date: 06/27/2017 Per Rule 308A.b.

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

Total Depth MD 12561 TVD** 7450 Plug Back Total Depth MD 12547 TVD** 7450

Elevations GR 5090 KB 5110 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
 CBL, Mud, MWD/LWD, and 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	1,545	674	0	1,545	VISU
1ST	8+1/2	5+1/2	17	0	12,561	1,940	0	12,561	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	3,930	4,246	NO	NO	
SUSSEX	4,708	4,881	NO	NO	
SHANNON	5,087	5,245	NO	NO	
SHARON SPRINGS	7,203	7,321	NO	NO	
NIOBRARA	7,321	7,773	NO	NO	
FORT HAYS	7,773	7,860	NO	NO	
CODELL	7,860	10,247	NO	NO	
CARLILE	10,247		NO	NO	

Comment:

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

Signed: _____

Print Name: Jack Desmond

Title: Regulatory Analyst

Date: _____

Email: jdesmond@gwogco.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401640239	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401640193	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			
401550103	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401550108	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401581116	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401581117	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401640218	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401644214	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401644215	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401644555	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401644557	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)