

**DRILLING COMPLETION REPORT**

Document Number:  
401621454

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: (720) 595-2250  
 Address: 1001 17TH STREET #2000 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80202

API Number 05-123-44683-00 County: WELD  
 Well Name: Schneider HD Well Number: 11-299HNX  
 Location: QtrQtr: SWSW Section: 7 Township: 4N Range: 66W Meridian: 6  
 Footage at surface: Distance: 1210 feet Direction: FSL Distance: 280 feet Direction: FWL  
 As Drilled Latitude: 40.322525 As Drilled Longitude: -104.828719

GPS Data:  
 Date of Measurement: 06/27/2017 PDOP Reading: 1.4 GPS Instrument Operator's Name: CHAD MEIERS

\*\* If directional footage at Top of Prod. Zone Dist.: 1468 feet. Direction: FSL Dist.: 565 feet. Direction: FEL  
 Sec: 12 Twp: 4N Rng: 67W  
 \*\* If directional footage at Bottom Hole Dist.: 1360 feet. Direction: FSL Dist.: 470 feet. Direction: FWL  
 Sec: 11 Twp: 4N Rng: 67W

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

Spud Date: (when the 1st bit hit the dirt) 05/11/2017 Date TD: 06/16/2017 Date Casing Set or D&A: 06/17/2017  
 Rig Release Date: 06/20/2017 Per Rule 308A.b.

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

Total Depth MD 16909 TVD\*\* 6856 Plug Back Total Depth MD 16894 TVD\*\* 6856  
 Elevations GR 4735 KB 4755 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL, Mud Log, MWD/LWD, (Triple Combo in API# 123-41746)

**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	1,569	673	0	1,569	VISU
1ST	8+1/2	5+1/2	17	0	16,909	2,602	0	16,909	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	3,639	3,781	NO	NO	
SUSSEX	4,130	4,403	NO	NO	
SHANNON	4,710	4,778	NO	NO	
SHARON SPRINGS	6,924	7,132	NO	NO	
NIOBRARA	7,132		NO	NO	

Comment:

This well was drilled during the second rig occupation.

An exception to Rule 317.p, Requirement to Log Well, was approved for this well. No open hole resistivity log with gamma ray was run. This log was run in the SCHNEIDER HD 11-369HC (API # 123-41746) in the form of a Triple Combo.

The elevation listed on the Mud Log and MWD was reported incorrectly due to a rounding difference. The elevation listed on the CBL was also reported incorrectly.

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 ?	
<b>Attachment Checklist</b>			
401621463	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401621461	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"/>
<b>Other Attachments</b>			
401621460	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401631044	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401631046	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401631047	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401631049	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401631478	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401631481	PDF-CEMENT BOND	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)