

FORM  
5Rev  
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



DE ET OE ES

Document Number:

401621454

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: (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&amp;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 ?
<u>Attachment Checklist</u>		
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"/>
<u>Other Attachments</u>		
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)