

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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| DE | ET | OE | ES |
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Document Number:
401621689

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 05-123-41748-00 County: WELD
 Well Name: Schneider HD Well Number: 11-352HN
 Location: QtrQtr: SWSW Section: 7 Township: 4N Range: 66W Meridian: 6
 Footage at surface: Distance: 1165 feet Direction: FSL Distance: 280 feet Direction: FWL
 As Drilled Latitude: 40.322400 As Drilled Longitude: -104.828719

GPS Data:
 Date of Measurement: 11/05/2015 PDOP Reading: 1.6 GPS Instrument Operator's Name: CHAD MEIERS

** If directional footage at Top of Prod. Zone Dist.: 662 feet. Direction: FSL Dist.: 527 feet. Direction: FEL
 Sec: 12 Twp: 4N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 662 feet. Direction: FSL Dist.: 2172 feet. Direction: FEL
 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) 09/14/2015 Date TD: 10/11/2015 Date Casing Set or D&A: 10/13/2015
 Rig Release Date: 10/26/2015 Per Rule 308A.b.

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

Total Depth MD 14536 TVD** 7056 Plug Back Total Depth MD 14490 TVD** 7057

Elevations GR 4735 KB 4751 **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 | 1,470 | 639 | 0 | 1,470 | VISU |
| 1ST | 7+7/8 | 5+1/2 | 17 | 0 | 14,536 | 1,813 | 2,760 | 14,536 | 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 | 3,618 | 3,738 | NO | NO | |
| SUSSEX | 4,120 | 4,374 | NO | NO | |
| SHANNON | 4,690 | 4,758 | NO | NO | |
| SHARON SPRINGS | 6,863 | | NO | NO | |
| NIOBRARA | 6,990 | | NO | NO | |

Comment:

This well was drilled during the first 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.

There was no conductor casing set on this well.

Surface casing was set several days later because Great Western encountered rig problems, then ended up switching out the rig before the surface hole could be drilled to TD and the surface casing run and cemented.

The form 2 for this well was submitted with an anti-collision BMP. This BMP stated, "an as-constructed gyro survey will be submitted to COGCC with the Form 5." Great Western has provided other information to show there are no anti-collision issues. As a result, no as-constructed Gyro survey was run.

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 | | | |
| 401621767 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 401621760 | 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 | | | |
| 401621758 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401631069 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401631071 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401631076 | LAS-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401631077 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401641517 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401642110 | 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)