

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:

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 ?
<u>Attachment Checklist</u>		
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"/>
<u>Other Attachments</u>		
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)