

FORM
5Rev
09/14State 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: Renee Kendrick

Name of Operator: GREAT WESTERN OPERATING COMPANY LLC

Phone: (720) 595-2114

Address: 1001 17TH STREET #2000

Fax:

City: DENVER State: CO Zip: 80202

API Number 05-123-44337-00

County: WELD

Well Name: Ottesen LE

Well Number: 06-311HC

Location: QtrQtr: NWSE Section: 33 Township: 1N Range: 66W Meridian: 6

Footage at surface: Distance: 1410 feet Direction: FSL Distance: 1623 feet Direction: FEL

As Drilled Latitude: 40.004327 As Drilled Longitude: -104.778482

GPS Data:

Date of Measurement: 01/23/2019 PDOP Reading: 1.6 GPS Instrument Operator's Name: RYAN WILLIAMS

** If directional footage at Top of Prod. Zone Dist.: 1212 feet. Direction: FSL Dist.: 599 feet. Direction: FEL

Sec: 5 Twp: 1S Rng: 66W

** If directional footage at Bottom Hole Dist.: 1201 feet. Direction: FSL Dist.: 2526 feet. Direction: FWL

Sec: 6 Twp: 1S Rng: 66W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 11/05/2018 Date TD: 12/06/2018 Date Casing Set or D&A: 12/08/2018

Rig Release Date: 01/24/2019 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 18174 TVD** 7754 Plug Back Total Depth MD 18161 TVD** 7754

Elevations GR 5076 KB 5096 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Mud, MWD/LWD, CBL, Composite

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	1,786	809	0	1,786	VISU
1ST	8+1/2	5+1/2	17	0	18,174	1,885	2,810	18,174	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	5,527	5,695	NO	NO	
SUSSEX	6,073	6,352	NO	NO	
SHANNON	7,214	7,356	NO	NO	
SHARON SPRINGS	9,528		NO	NO	
NIOBRARA	9,705		NO	NO	
FORT HAYS	10,366		NO	NO	
CODELL	10,607		NO	NO	
CARLILE	12,599		NO	NO	

Comment:

This well was drilled during the first rig occupation on the Ottesen Pad.

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

Signed: _____

Print Name: Renee Kendrick

Title: Sr. Regulatory Analyst

Date: _____

Email: rkendrick@gwogco.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401971092	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401996422	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>			
401971078	LAS-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401971084	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401971085	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401971089	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401971091	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401971102	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401971114	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402015082	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)

