

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.

Document Number:
401844802

Date Received:

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 05-001-10132-00 County: ADAMS

Well Name: Sharp Well Number: 2635-1-15HC

Location: QtrQtr: SWSW Section: 24 Township: 1S Range: 67W Meridian: 6

Footage at surface: Distance: 265 feet Direction: FSL Distance: 190 feet Direction: FWL

As Drilled Latitude: 39.944072 As Drilled Longitude: -104.846047

GPS Data:
Date of Measurement: 04/19/2019 PDOP Reading: 1.7 GPS Instrument Operator's Name: Nate Welch

** If directional footage at Top of Prod. Zone Dist.: 534 feet. Direction: FNL Dist.: 2569 feet. Direction: FWL
Sec: 26 Twp: 1S Rng: 67W

** If directional footage at Bottom Hole Dist.: 851 feet. Direction: FSL Dist.: 2602 feet. Direction: FWL
Sec: 35 Twp: 1S Rng: 67W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 07/28/2018 Date TD: 09/16/2018 Date Casing Set or D&A: 09/18/2018

Rig Release Date: 09/18/2018 Per Rule 308A.b.

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

Total Depth MD 18461 TVD** 7833 Plug Back Total Depth MD 18452 TVD** 7833

Elevations GR 5019 KB 5039 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, Mud Log, MWD/LWD, (IND in 001-09801)

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	1,740	760	0	1,740	VISU
1ST	8+1/2	5+1/2	17	0	18,461	1,990	3,408	18,461	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	3,613	3,814	NO	NO	
SUSSEX	5,175	5,289	NO	NO	
SHANNON	5,966	6,221	NO	NO	
SHARON SPRINGS	7,866		NO	NO	
NIOBRARA	8,069		NO	NO	
FORT HAYS	8,705		NO	NO	
CODELL	8,851		NO	NO	
CARLILE	11,807		NO	NO	

Comment:

This well was drilled during the second rig occupation.

No open hole resistivity log with gamma ray was run. An Induction Log (Doc # 400690953) was run on the Sharp 24-3-11HC (001-09801) from surface casing through the top of the Niobrara.

MWD incorrectly reports the casing and borehole data

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			
402035433	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402046873	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			
401844835	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401844837	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401844840	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401844842	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402035395	DIRECTIONAL DATA	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)

