

FORM
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Rev
10/14

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

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Date Received:

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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 Email: rkendrick@gwgoco.com

API Number 05-123-48288-00 County: WELD
 Well Name: Ottesen LE Well Number: 06-370HN
 Location: QtrQtr: NWSE Section: 33 Township: 1N Range: 66W Meridian: 6
 FNL/FSL _____ FEL/FWL _____
 Footage at surface: Distance: 1410 feet Direction: FSL Distance: 1698 feet Direction: FEL
 As Drilled Latitude: 40.004328 As Drilled Longitude: -104.778750

GPS Data:

Date of Measurement: 01/23/2019 PDOP Reading: 1.6 GPS Instrument Operator's Name: RYAN WILLIAMS
 FNL/FSL _____ FEL/FWL _____

** If directional footage at Top of Prod. Zone Dist: 480 feet Direction: FSL Dist: 599 feet Direction: FEL
 Sec: 5 Twp: 1S Rng: 66W

** If directional footage at Bottom Hole Dist: 504 feet Direction: FSL Dist: 2532 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) 11/10/2018 Date TD: 12/16/2018 Date Casing Set or D&A: 12/20/2018

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 18231 TVD** 7524 Plug Back Total Depth MD 18222 TVD** 7524

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 in 123-44337)

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	1,897	912	0	1,897	VISU
1ST	8+1/2	5+1/2	17	0	18,231	1,894	4,430	18,231	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	5,832	5,995	NO	NO	
SUSSEX	6,402	6,731	NO	NO	
SHANNON	7,557	7,724	NO	NO	
SHARON SPRINGS	9,837		NO	NO	
NIOBRARA	10,011		NO	NO	

Operator Comments:

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

No open-hole logs were run; Open-hole composite log was run on the Ottesen LE 06-311HC (123-44337);
Approved APD had BMP requiring one well on pad to be logged with an open hole resistivity log with gamma ray.

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 ?	
Attachment Checklist			
401971471	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402152248	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			
401971470	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401971477	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401971478	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401971482	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401971483	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402152247	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>
Permit	Returned to Draft: •Bulk Return Threshold has been exceeded. Form was not reviewed.	09/13/2019

Total: 1 comment(s)

