

FORM
5
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:
401987475

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 05-001-10253-00 County: ADAMS
Well Name: Schaefer LD Well Number: 13-033HN
Location: QtrQtr: SWSE Section: 24 Township: 1S Range: 67W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 334 feet Direction: FSL Distance: 1949 feet Direction: FEL
As Drilled Latitude: 39.944238 As Drilled Longitude: -104.834787

GPS Data:
Date of Measurement: 12/21/2018 PDOP Reading: 1.2 GPS Instrument Operator's Name: CHAD MEIERS
FNL/FSL _____ FEL/FWL _____

** If directional footage at Top of Prod. Zone Dist: 505 feet Direction: FSL Dist: 1960 feet Direction: FEL
Sec: 24 Twp: 1S Rng: 67W
FNL/FSL _____ FEL/FWL _____

** If directional footage at Bottom Hole Dist: 237 feet Direction: FNL Dist: 1959 feet Direction: FEL
Sec: 13 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) 12/10/2018 Date TD: 02/04/2019 Date Casing Set or D&A: 02/10/2019
Rig Release Date: 02/24/2019 Per Rule 308A.b.

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

Total Depth MD 18044 TVD** 7576 Plug Back Total Depth MD 18033 TVD** 7576
Elevations GR 5021 KB 5041 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
Composite, Mud, MWD/LWD, CBL (Resistivity in 001-09858)

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	1,781	890	0	1,781	VISU
1ST	8+1/2	5+1/2	17	0	18,044	2,350	2,200	18,044	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	4,499	4,655	NO	NO	
SUSSEX	4,862	5,079	NO	NO	
SHANNON	5,573	5,775	NO	NO	
SHARON SPRINGS	7,390		NO	NO	
NIOBRARA	7,476		NO	NO	

Operator Comments:

This well was drilled during the second rig occupation on the Schaefer LD Pad.

No open-hole logs were run; Open-hole resistivity log was run on the Schaefer 2536-1-4HC, API No. 05-001-09858; 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			
401987698	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402012200	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			
401987695	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401987703	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401987705	LAS-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401987781	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401987782	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401987799	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401987801	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401987802	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)

