

FORM
5Rev
02/20

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:

402125160

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@gwogco.com

API Number 05-123-45449-00

County: WELD

Well Name: Wilson IC

Well Number: 03-342HNX

Location: QtrQtr: NWNW Section: 1 Township: 3N Range: 68W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 1276 feet Direction: FNL Distance: 570 feet Direction: FWL

As Drilled Latitude: 40.259348 As Drilled Longitude: -104.958707

GPS Data: GPS Quality Value: 1.5 Type of GPS Quality Value: Date of Measurement: 02/11/2019

GPS Instrument Operator's Name: DALLAS NIELSEN

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 759 feet Direction: FSL Dist: 553 feet Direction: FEL
Sec: 2 Twp: 3N Rng: 68W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole Dist: 787 feet Direction: FSL Dist: 2291 feet Direction: FWL
Sec: 3 Twp: 3N Rng: 68W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/07/2019 Date TD: 05/04/2019 Date Casing Set or D&A: 05/05/2019

Rig Release Date: 05/28/2019 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 16302 TVD** 7079 Plug Back Total Depth MD 16292 TVD** 7079

Elevations GR 4985 KB 5005

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Mud, MWD/LWD, CBL (Composite in 123-45441)

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	1,587	730	0	1,587	VISU
1ST	8+1/2	5+1/2	17	0	16,302	1,760	3,176	16,302	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	3,940	4,006	NO	NO	
SUSSEX	4,510	4,682	NO	NO	
SHANNON	5,118	5,182	NO	NO	
SHARON SPRINGS	7,857		NO	NO	
NIOBRARA	8,164		NO	NO	

Operator Comments:

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

Alternative Logging Program - No open-hole logs were run. This log was run in the Wilson IC 03-099HC (API # 05-123-45441) in the form of a Composite log.

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>					
402125213	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
402300215	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>					
402125205	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402125206	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402125207	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402125208	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402125212	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)

