

FORM
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Rev
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:

402169856

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: <u>10110</u>	Contact Name: <u>Miracle Pfister</u>
Name of Operator: <u>GREAT WESTERN OPERATING COMPANY LLC</u>	Phone: <u>(720) 595-2250</u>
Address: <u>1001 17TH STREET #2000</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>mpfister@gwogco.com</u>

API Number <u>05-001-10345-00</u>	County: <u>ADAMS</u>
Well Name: <u>Brant LE</u>	Well Number: <u>08-082HC</u>
Location: QtrQtr: <u>SENE</u> Section: <u>11</u> Township: <u>1S</u> Range: <u>67W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>2164</u> feet Direction: <u>FNL</u> Distance: <u>331</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>39.980871</u> As Drilled Longitude: <u>-104.847922</u>	
GPS Data: GPS Quality Value: <u>1.7</u> Type of GPS Quality Value: _____ Date of Measurement: <u>06/08/2019</u>	
GPS Instrument Operator's Name: <u>Ryan Williams</u>	FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: <u>1218</u> feet Direction: <u>FNL</u> Dist: <u>518</u> feet Direction: <u>FEL</u>	
Sec: <u>12</u> Twp: <u>1S</u> Rng: <u>67W</u>	FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: <u>1240</u> feet Direction: <u>FNL</u> Dist: <u>240</u> feet Direction: <u>FEL</u>	
Sec: <u>8</u> Twp: <u>1S</u> Rng: <u>66W</u>	
Field Name: <u>WATTENBERG</u> Field Number: <u>90750</u>	
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) 06/06/2019 Date TD: 06/23/2019 Date Casing Set or D&A: 06/27/2019
 Rig Release Date: 06/27/2019 Per Rule 308A.b.

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

Total Depth MD <u>23434</u> TVD** <u>7654</u> Plug Back Total Depth MD <u>23424</u> TVD** <u>7654</u>
Elevations GR <u>4973</u> KB <u>4993</u> Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/>

List Electric Logs Run:
CBL, Mud Log, MWD/LWD, 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	1,778	815	0	1,778	VISU
1ST	8+1/2	5+1/2	17	0	23,434	3,125	6,644	23,434	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	4,399	4,567	NO	NO	
SUSSEX	4,752	4,938	NO	NO	
SHANNON	5,358	5,522	NO	NO	
SHARON SPRINGS	7,357		NO	NO	
NIOBRARA	7,389		NO	NO	
FORT HAYS	8,028		NO	NO	
CODELL	8,132		NO	NO	

Operator Comments:

Cement top is not above the Sussex, Bradenhead pressures were zero and were continually monitored during hydraulic stimulation. After conversations with Diana Burn, COGCC Eastern Region Engineering Supervisor, GWOG was given permission to proceed with completions. The cement job was pumped as planned without incident, however there is a possibility that the early volume of cmt was contaminated with the spacer as it traveled through the +/-3 miles of lateral. GW has since changed the design of the spacer fluid to try and prevent this in the future.

Composite log incorrectly reports SHL footages and lat/long.

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			
402185149	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402172115	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			
402172126	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402172128	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402172458	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402172471	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402172495	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402172498	LAS-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402314709	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)

