

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:

402265350

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: Eileen Roberts

Name of Operator: GREAT WESTERN OPERATING COMPANY LLC

Phone: (720) 595-2115

Address: 1001 17TH STREET #2000

Fax:

City: DENVER

State: CO

Zip: 80202

Email: eroberts@gwp.com

API Number 05-123-46407-00

County: WELD

Well Name: Schneider HD

Well Number: 11-182HC

 Location: QtrQtr: NWSW Section: 7 Township: 4N Range: 66W Meridian: 6
 FNL/FSL FEL/FWL

Footage at surface: Distance: 1875 feet Direction: FSL Distance: 957 feet Direction: FWL

As Drilled Latitude: 40.324360 As Drilled Longitude: -104.826305

GPS Data: GPS Quality Value: 2.1 Type of GPS Quality Value: PDOP Date of Measurement: 09/11/2019

GPS Instrument Operator's Name: Matthew Miller

FNL/FSL

FEL/FWL

 ** If directional footage at Top of Prod. Zone Dist: 2592 feet Direction: FNL Dist: 539 feet Direction: FEL
 Sec: 12 Twp: 4N Rng: 67W

FNL/FSL

FEL/FWL

 ** If directional footage at Bottom Hole Dist: 2600 feet Direction: FNL Dist: 235 feet Direction: FWL
 Sec: 11 Twp: 4N Rng: 67W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/08/2019 Date TD: 10/16/2019 Date Casing Set or D&A: 10/18/2019

Rig Release Date: 11/24/2019 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 17736 TVD** 7200 Plug Back Total Depth MD 17725 TVD** 7201

Elevations GR 4735 KB 4755

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

List Electric Logs Run:

MUD, MWD/LWD, CBL, 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	1,584	720	0	1,584	VISU
1ST	8+1/2	5+1/2	17	0	17,736	2,460	4,598	17,736	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	3,654	3,788	NO	NO	
SUSSEX	4,126	4,377	NO	NO	
SHANNON	4,704	4,755	NO	NO	
SHARON SPRINGS	7,067		NO	NO	
NIOBRARA	7,169		NO	NO	
FORT HAYS	7,644		NO	NO	
CODELL	7,724		NO	NO	

Operator Comments:

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

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Eileen Roberts

Title: Regulatory Analyst Date: _____ Email: eroberts@gwp.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
402266450	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
402266474	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>					
402266514	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402266528	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402266543	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402266553	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402266555	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402292510	PDF-COMPOSITE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402292512	LAS-COMPOSITE	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)

