

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:

402375387

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>Eileen Roberts</u>
Name of Operator: <u>GREAT WESTERN OPERATING COMPANY LLC</u>	Phone: <u>(720) 595-2115</u>
Address: <u>1001 17TH STREET #2000</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>eroberts@gwp.com</u>

API Number <u>05-001-10427-00</u>	County: <u>ADAMS</u>
Well Name: <u>Tollway LC</u>	Well Number: <u>24-366HNX</u>
Location: QtrQtr: <u>NWSW</u> Section: <u>7</u> Township: <u>1S</u> Range: <u>67W</u> Meridian: <u>6</u>	
	FNL/FSL <span style="float:right">FEL/FWL</span>
Footage at surface: Distance: <u>2110</u> feet Direction: <u>FSL</u> Distance: <u>533</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>39.977726</u> As Drilled Longitude: <u>-104.938381</u>	
GPS Data: GPS Quality Value: <u>2.6</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>03/30/2020</u>	
GPS Instrument Operator's Name: <u>Orion Rice</u>	FNL/FSL <span style="float:right">FEL/FWL</span>
** If directional footage at Top of Prod. Zone Dist: <u>460</u> feet Direction: <u>FNL</u> Dist: <u>1631</u> feet Direction: <u>FEL</u>	
Sec: <u>13</u> Twp: <u>1S</u> Rng: <u>68W</u>	FNL/FSL <span style="float:right">FEL/FWL</span>
** If directional footage at Bottom Hole Dist: <u>370</u> feet Direction: <u>FSL</u> Dist: <u>1623</u> feet Direction: <u>FEL</u>	
Sec: <u>24</u> Twp: <u>1S</u> Rng: <u>68W</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) 03/18/2020 Date TD: 03/18/2020 Date Casing Set or D&A: 03/19/2020  
 Rig Release Date: 03/25/2020 Per Rule 308A.b.

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

Total Depth MD <u>2022</u> TVD** <u>2021</u> Plug Back Total Depth MD <u>1977</u> TVD** <u>1977</u>
Elevations GR <u>5158</u> KB <u>5164</u> <b>Digital Copies of ALL Logs must be Attached per Rule 308A</b> <input type="checkbox"/>

List Electric Logs Run:

### 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	2,022	930	0	2,022	VISU

**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	

Operator Comments:

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

Surface was set on the Tollway LC 24-366HNX on 3/19/2020. Activities were suspended on 3/19/2020, prior to reaching TD due to changing rig priorities. Great Western anticipates recommencing drilling in Q1 of 2021 with a large rig and plans to set production casing prior to completing the well in Q2 of 2021.

The TPZ and BHL footages are taken from the APD.

The depths are from the smaller surface rig and will change based on the production rig's KB on the final reports.

No logs were run on this well.

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>			
402406856	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402413596	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)

