

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:

402434208

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 05-001-10272-00 County: ADAMS
Well Name: B-Farm LD Well Number: 18-388HNX
Location: QtrQtr: NENW Section: 7 Township: 1S Range: 67W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 994 feet Direction: FNL Distance: 1743 feet Direction: FWL
As Drilled Latitude: 39.983627 As Drilled Longitude: -104.934030
GPS Data: GPS Quality Value: 1.7 Type of GPS Quality Value: PDOP Date of Measurement: 04/28/2020
GPS Instrument Operator's Name: Nate Welch FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 460 feet Direction: FNL Dist: 1986 feet Direction: FWL
Sec: 7 Twp: 1S Rng: 67W FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 150 feet Direction: FSL Dist: 1964 feet Direction: FWL
Sec: 18 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) 04/10/2020 Date TD: 04/11/2020 Date Casing Set or D&A: 04/11/2020
Rig Release Date: 04/24/2020 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 2020 TVD** 2020 Plug Back Total Depth MD 1975 TVD** 1975

Elevations GR 5125 KB 5131 Digital Copies of ALL Logs must be Attached per Rule 308A

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	2,020	930	0	2,020	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 third rig occupation on the B-Farm LD Pad.

Surface was set on the B-Farm LD 18-388HNX on 4/11/2020. Activities were suspended on 4/11/2020, prior to reaching TD due to changing rig priorities. Great Western anticipates recommencing drilling in Q2 of 2021 with a large rig and plans to set production casing prior to completing the well in Q3 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>			
402435825	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402435809	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

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

Total: 0 comment(s)

