

**FORM
5**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:

402434213

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 05-001-10260-00

County: ADAMS

Well Name: B-Farm LD

Well Number: 18-387HC

Location: QtrQtr: NENW Section: 7 Township: 1S Range: 67W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 974 feet Direction: FNL Distance: 1743 feet Direction: FWL

As Drilled Latitude: 39.983683 As Drilled Longitude: -104.934028

GPS Data: GPS Quality Value: 1.6 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: 1655 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: 1645 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) 04/12/2020 Date TD: 04/13/2020 Date Casing Set or D&A: 04/13/2020

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 2021 TVD** 2021 Plug Back Total Depth MD 1976 TVD** 1976

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	2,021	930	0	2,021	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 18-387HC on 4/13/2020. Activities were suspended on 4/13/2020, 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>					
402436586	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
402436578	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)

