

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:

402434215

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 05-001-10261-00 County: ADAMS
Well Name: B-Farm LD Well Number: 18-385HN
Location: QtrQtr: NENW Section: 7 Township: 1S Range: 67W Meridian: 6
Footage at surface: Distance: 954 feet Direction: FNL Distance: 1743 feet Direction: FWL
As Drilled Latitude: 39.983736 As Drilled Longitude: -104.934028
GPS Data: GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Date of Measurement: 04/28/2020
GPS Instrument Operator's Name: Nate Welch
\*\* If directional footage at Top of Prod. Zone Dist: 460 feet Direction: FNL Dist: 1324 feet Direction: FWL
\*\* If directional footage at Bottom Hole Dist: 150 feet Direction: FSL Dist: 1319 feet Direction: FWL
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 04/14/2020 Date TD: 04/15/2020 Date Casing Set or D&A: 04/15/2020
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 2023 TVD\*\* 2023 Plug Back Total Depth MD 1978 TVD\*\* 1978
Elevations GR 5125 KB 5131 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

CASING, LINER AND CEMENT

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Row 1: SURF, 13+1/2, 9+5/8, 36, 0, 2,023, 930, 0, 2,023, 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 18-385HN on 4/15/2020. Activities were suspended on 4/15/2020, 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>			
402442868	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402436935	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)

