

FORM
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Rev
02/20

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402265323

Date Received:

03/29/2020

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 05-123-46404-00 County: WELD
 Well Name: Schneider HD Well Number: 11-019HN
 Location: QtrQtr: NWSW Section: 7 Township: 4N Range: 66W Meridian: 6
 FNL/FSL _____ FEL/FWL _____
 Footage at surface: Distance: 1755 feet Direction: FSL Distance: 804 feet Direction: FWL
 As Drilled Latitude: 40.324027 As Drilled Longitude: -104.826850
 GPS Data: GPS Quality Value: 1.4 Type of GPS Quality Value: PDOP Date of Measurement: 09/05/2019
 GPS Instrument Operator's Name: Matthew Miller FNL/FSL _____ FEL/FWL _____
 ** If directional footage at Top of Prod. Zone Dist: 171 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: 214 feet Direction: FNL Dist: 237 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) 08/29/2019 Date TD: 09/23/2019 Date Casing Set or D&A: 09/24/2019
 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 18296 TVD** 7106 Plug Back Total Depth MD 18285 TVD** 7106
 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 in 123-46407)

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	1,574	720	0	1,574	VISU
1ST	8+1/2	5+1/2	17	0	18,296	2,590	1,350	18,296	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	3,950	4,144	NO	NO	
SUSSEX	4,543	4,835	NO	NO	
SHANNON	5,212	5,315	NO	NO	
SHARON SPRINGS	7,747		NO	NO	
NIOBRARA	7,868		NO	NO	

Operator Comments:

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

Alternative logging program: No open-hole logs were run; Open-hole composite log was run on the Schneider HD 11-182HC (123-46407);
Approved APD had BMP requiring one well on pad to be logged with an open hole resistivity log with gamma ray.

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: 3/29/2020 Email: eroberts@gwp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402271050	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402271046	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"/>
Other Attachments			
402265323	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402271051	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402271053	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402271054	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402271055	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402271056	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	•Permitting review complete and task passed.	07/29/2020
Agency	•Engineering review complete - passed task.	07/27/2020

Total: 2 comment(s)

