

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:

402265352

Date Received:

03/30/2020

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 05-123-46412-00 County: WELD
Well Name: Schneider HD Well Number: 11-219HNX
Location: QtrQtr: NWSW Section: 7 Township: 4N Range: 66W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 1884 feet Direction: FSL Distance: 969 feet Direction: FWL
As Drilled Latitude: 40.324385 As Drilled Longitude: -104.826260
GPS Data: GPS Quality Value: 2.1 Type of GPS Quality Value: PDOP Date of Measurement: 09/11/2019
GPS Instrument Operator's Name: Matthew Miller FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 2608 feet Direction: FSL Dist: 541 feet Direction: FEL
Sec: 12 Twp: 4N Rng: 67W FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 2583 feet Direction: FSL Dist: 233 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) 09/09/2019 Date TD: 10/04/2019 Date Casing Set or D&A: 10/05/2019
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 17405 TVD** 6879 Plug Back Total Depth MD 17394 TVD** 6879

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 | 1,593 | 720 | 0 | 1,593 | VISU |
| 1ST | 8+1/2 | 5+1/2 | 17 | 0 | 17,405 | 2,420 | 982 | 17,405 | 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 | 3,663 | 3,784 | NO | NO | |
| SUSSEX | 4,136 | 4,389 | NO | NO | |
| SHANNON | 4,706 | 4,768 | NO | NO | |
| SHARON SPRINGS | 7,293 | | NO | NO | |
| NIOBRARA | 7,320 | | 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.

The casing shoe on the MWD.pdf well sketch should be 1593'

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: 3/30/2020

Email: eroberts@gwp.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| Attachment Checklist | | | |
| 402266124 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 402266122 | 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 | | | |
| 402265352 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402266145 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402266163 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402266284 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402266382 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402266397 | 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 |
| Engineer | •Engineering review complete - passed task | 07/27/2020 |

Total: 2 comment(s)

