

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:

402440359

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: <u>10110</u>	Contact Name: <u>Eileen Roberts</u>
Name of Operator: <u>GREAT WESTERN OPERATING COMPANY LLC</u>	Phone: <u>(720) 595-2115</u>
Address: <u>1001 17TH STREET #2000</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>eroberts@gwp.com</u>

API Number <u>05-123-47400-00</u>	County: <u>WELD</u>
Well Name: <u>Postle IC</u>	Well Number: <u>09-099HN</u>
Location: QtrQtr: <u>SWNW</u> Section: <u>11</u> Township: <u>3N</u> Range: <u>68W</u> Meridian: <u>6</u>	
FNL/FSL <span style="float: right;">FEL/FWL</span>	
Footage at surface: Distance: <u>1454</u> feet Direction: <u>FNL</u> Distance: <u>551</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.243981</u> As Drilled Longitude: <u>-104.977811</u>	
GPS Data: GPS Quality Value: <u>1.4</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>02/17/2020</u>	
GPS Instrument Operator's Name: <u>Greg Wiemer</u>	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Top of Prod. Zone Dist: <u>1125</u> feet Direction: <u>FNL</u> Dist: <u>310</u> feet Direction: <u>FWL</u>	
Sec: <u>11</u> Twp: <u>3N</u> Rng: <u>68W</u>	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Bottom Hole Dist: <u>1120</u> feet Direction: <u>FNL</u> Dist: <u>495</u> feet Direction: <u>FWL</u>	
Sec: <u>9</u> Twp: <u>3N</u> Rng: <u>68W</u>	FNL/FSL <span style="float: right;">FEL/FWL</span>
Field Name: <u>WATTENBERG</u> Field Number: <u>90750</u>	
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) 02/05/2020 Date TD: 05/31/2020 Date Casing Set or D&A: 06/06/2020

Rig Release Date: 06/07/2020 Per Rule 308A.b.

Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD <u>18018</u> TVD** <u>7067</u> Plug Back Total Depth MD <u>17956</u> TVD** <u>7067</u>
Elevations GR <u>4977</u> KB <u>4997</u> <b>Digital Copies of ALL Logs must be Attached per Rule 308A</b> <input checked="" type="checkbox"/>

List Electric Logs Run:

Mud log, Composite, MWD/LWD, CBL

### 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	1,549	710	0	1,549	VISU
1ST	8+1/2	5+1/2	20	0	18,018	2,325	2,294	18,018	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 06/06/2020

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	S.C. 1.1	5,100	435	2,540	2,605

Details of work:

A Stage Tool was ran for Proprietary reasons.

## 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	3,692	3,732	NO	NO	
SUSSEX	4,108	4,241	NO	NO	
SHANNON	4,626	4,660	NO	NO	
SHARON SPRINGS	7,076		NO	NO	
NIOBRARA	7,194		NO	NO	

Operator Comments:

This well was drilled during the fifth rig occupation on the Postle IC Pad.

TPZ footages are estimated and based on the first legal perforation as proposed on the approved APD. Well is not completed Estimated completion by end of Q2 2021. Actual TPZ footages will be reported on the Form 5A.

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>			
402450342	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402450344	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"/>
<u>Other Attachments</u>			
402450346	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402450347	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402450466	LAS-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402450516	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402450518	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402450527	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402450528	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>
		Stamp Upon Approval

Total: 0 comment(s)

