

**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:

402370802

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: Miracle Pfister

Name of Operator: GREAT WESTERN OPERATING COMPANY LLC

Phone: (720) 595-2250

Address: 1001 17TH STREET #2000

Fax:

City: DENVER

State: CO

Zip: 80202

Email: regulatorypermitting@gwp.com

API Number 05-123-41180-00

County: WELD

Well Name: DeTienne FD

Well Number: 10-239HC

Location: QtrQtr: NWSW Section: 10 Township: 6N Range: 67W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 2167 feet Direction: FSL Distance: 320 feet Direction: FWL

As Drilled Latitude: 40.500062 As Drilled Longitude: -104.887741

GPS Data: GPS Quality Value: 1.4 Type of GPS Quality Value: PDOP Date of Measurement: 06/25/2020

GPS Instrument Operator's Name: CHAD MEIERS

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 2226 feet Direction: FSL Dist: 484 feet Direction: FWL
Sec: 10 Twp: 6N Rng: 67W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole Dist: 2245 feet Direction: FSL Dist: 471 feet Direction: FEL
Sec: 10 Twp: 6N Rng: 67W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/20/2015 Date TD: 03/20/2015 Date Casing Set or D&A: 03/21/2015

Rig Release Date: 04/22/2015 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 11759 TVD** 7315 Plug Back Total Depth MD 11709 TVD** 7314

Elevations GR 4839 KB 4855

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

MWD/LWD, Mud Log, CBL (Triple Combo 123-41181-01)

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
CONDUCTOR	24	16	65	0	80	152	0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,064	470	0	1,064	VISU
1ST	7+7/8	5+1/2	17	0	11,755	1,325	404	11,755	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	3,591	3,683	NO	NO	
SUSSEX	4,121	4,314	NO	NO	
SHANNON	4,689	4,759	NO	NO	
SHARON SPRINGS	6,970		NO	NO	
NIOBRARA	7,050		NO	NO	
FORT HAYS	7,396		NO	NO	
CODELL	7,463		NO	NO	

Operator Comments:

Alternative Logging Program - No open-hole logs were run. This log was run in the DeTienne FD 10-239HN ST -01 (API # 123-41181 -01) in the form of a Triple Combo.

This well was drilled during the second DeTienne rig occupation.

Formation tops were called by Great Western's geology team based on gamma. Not all tops and excursions will agree with mudlog.

Some of the formation tops on the mudlog were based solely on depth they collected samples.

Surface casing cement job summary incorrectly reports casing setting depth.

MWD/LWD incorrectly reports elevation and casing depth.

CBL incorrectly reports elevation and depth driller. LAS CBL was uploaded to provide the missing portion of gamma ray on the MWD log.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Jack Desmond

Title: Regulatory Analyst

Date: _____

Email: jdesmond@gwp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402450218	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402481538	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>			
402473627	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402473629	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402473631	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402473633	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402474509	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402481537	DIRECTIONAL DATA	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)

