

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:

402483578

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>Renee Kendrick</u>
Name of Operator: <u>GREAT WESTERN OPERATING COMPANY LLC</u>	Phone: <u>(720) 595-2114</u>
Address: <u>1001 17TH STREET #2000</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>rkendrick@gwp.com</u>

API Number <u>05-123-27176-00</u>	County: <u>WELD</u>
Well Name: <u>NEW CACHE</u>	Well Number: <u>8-44</u>
Location: QtrQtr: <u>SESE</u> Section: <u>8</u> Township: <u>6N</u> Range: <u>63W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>621</u> feet Direction: <u>FSL</u> Distance: <u>837</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: _____ As Drilled Longitude: _____	
GPS Data: GPS Quality Value: _____ Type of GPS Quality Value: _____ Date of Measurement: _____	
GPS Instrument Operator's Name: _____	FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: _____ feet Direction: _____ Dist: _____ feet Direction: _____	
Sec: _____ Twp: _____ Rng: _____	FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: _____ feet Direction: _____ Dist: _____ feet Direction: _____	
Sec: _____ Twp: _____ Rng: _____	
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) 08/12/2008 Date TD: _____ Date Casing Set or D&A: _____

Rig Release Date: 08/18/2008 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD <u>6982</u> TVD** _____	Plug Back Total Depth MD <u>6943</u> TVD** _____
Elevations GR <u>4695</u> KB <u>4711</u>	Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/>

List Electric Logs Run:

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	12+1/4	8+5/8	24	0	521	360	0	521	CALC
1ST	7+7/8	5+1/2	11.6	0	6,955	550	3,252	6,955	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/03/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
RETAINER	1ST	2,790	250	2,192	2,848

Details of work:

On 3/3/15 a cast iron cement retainer was set at 2790 ft and 250 sx Class G was pumped through holes in casing found at 2840 ft. The retainer was drilled out and the casing was pressure tested to 500 psi successfully. A CBL run on 3/6/15 shows cement from 2192 ft to 2848 ft.

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 Form 5 is being submitted to report a casing repair job on 3/3/15. See the Remedial Cement Tab for more details.

RR Date was never reported on original Form 5 (Doc # 1797723). Casing Setting Date has been chosen as the RR Date.

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>			
402483593	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
402483592	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

