

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:

402488265

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: 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 05-001-09873-00 County: ADAMS
Well Name: Kortum LD Well Number: 33-179HN
Location: QtrQtr: NWNE Section: 21 Township: 1S Range: 67W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 215 feet Direction: FNL Distance: 2085 feet Direction: FEL
As Drilled Latitude: 39.957015 As Drilled Longitude: -104.891757
GPS Data: GPS Quality Value: 1.6 Type of GPS Quality Value: PDOP Date of Measurement: 07/24/2020
GPS Instrument Operator's Name: Matthew Miller FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 460 feet Direction: FNL Dist: 473 feet Direction: FWL
Sec: 21 Twp: 1S Rng: 67W FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 2252 feet Direction: FNL Dist: 473 feet Direction: FWL
Sec: 33 Twp: 1S Rng: 67W
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 07/18/2020 Date TD: 07/19/2020 Date Casing Set or D&A: 07/19/2020
Rig Release Date: 07/19/2020 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 2025 TVD** 2024 Plug Back Total Depth MD 1981 TVD** 1980

Elevations GR 5192 KB 5198 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

Empty box for listing electric logs run.

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 | 2,025 | 930 | 0 | 2,025 | VISU |

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 | |
| | | | | | |

Operator Comments:

This well was drilled during the first rig occupation on the Kortum LD Pad.

Surface was set on the Kortum LD 33-179HN on 7/19/2020. Activities were suspended on 7/19/2020, prior to reaching TD due to changing rig priorities. Great Western anticipates recommencing drilling in Q4 of 2021 with a large rig and plans to set production casing prior to completing the well in Q4 of 2021.

The TPZ and BHL footages are taken from the APD.

The depths are from the smaller surface rig and will change based on the production rig's KB on the final reports.

No logs were run on this well.

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> | | | |
| 402488709 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 402488627 | 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 type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Other | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)

