

FORM  
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Rev  
02/20

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

402241887

Date Received:

03/29/2020

## 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: 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@gwogco.com

API Number 05-001-10426-00 County: ADAMS  
Well Name: Tollway LC Well Number: 24-376HC  
Location: QtrQtr: NWSW Section: 7 Township: 1S Range: 67W Meridian: 6  
FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
Footage at surface: Distance: 2033 feet Direction: FSL Distance: 462 feet Direction: FWL  
As Drilled Latitude: 39.977514 As Drilled Longitude: -104.938632  
GPS Data: GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Date of Measurement: 08/19/2019  
GPS Instrument Operator's Name: CHAD MEIERS FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
\*\* If directional footage at Top of Prod. Zone Dist: 460 feet Direction: FNL Dist: 1245 feet Direction: FWL  
Sec: 13 Twp: 1S Rng: 68W FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
\*\* If directional footage at Bottom Hole Dist: 370 feet Direction: FSL Dist: 1238 feet Direction: FWL  
Sec: 24 Twp: 1S Rng: 68W  
Field Name: WATTENBERG Field Number: 90750  
Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 08/12/2019 Date TD: 08/12/2019 Date Casing Set or D&A: 08/13/2019  
Rig Release Date: 08/18/2019 Per Rule 308A.b.

Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 1786 TVD\*\* 1786 Plug Back Total Depth MD 1743 TVD\*\* 1743

Elevations GR 5158 KB 5164 Digital Copies of ALL Logs must be Attached per Rule 308A

List 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	1,786	815	0	1,786	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:

Surface casing was set on TOLLWAY LC 24-376HC on 8/13/2019. Activities were suspended on 8/13/2019 prior to reaching TD due to offset mitigation delays and rig scheduling. Great Western anticipates to recommence drilling Q4 quarter of 2020 with a large rig and plans to set production casing on all wells within this pad prior to completing the well in Q1 of 2021.

The TPZ and BHL footages are taken from the APD.

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: Jack Desmond

Title: jdesmond@gwogco.com Date: 3/29/2020 Email: jdesmond@gwogco.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
402241917	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402302792	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"/>
<b>Other Attachments</b>			
402241887	FORM 5 SUBMITTED	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)

