

FORM
5Rev
11/20

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:

402550193

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 05-001-10289-00

County: ADAMS

Well Name: Tower LD

Well Number: 19-342HNX

 Location: QtrQtr: SWNW Section: 21 Township: 1S Range: 67W Meridian: 6
 FNL/FSL FEL/FWL

Footage at surface: Distance: 1636 feet Direction: FNL Distance: 411 feet Direction: FWL

As Drilled Latitude: 39.953081 As Drilled Longitude: -104.901702

GPS Data: GPS Quality Value: 1.3 Type of GPS Quality Value: PDOP Date of Measurement: 11/23/2020

 ** If directional footage at Top of Prod. Zone Dist: 759 feet Direction: FSL Dist: 460 feet Direction: FEL
 Sec: 20 Twp: 1S Rng: 67W
 FNL/FSL FEL/FWL

 ** If directional footage at Bottom Hole Dist: 761 feet Direction: FSL Dist: 370 feet Direction: FWL
 Sec: 19 Twp: 1S Rng: 67W
 FNL/FSL FEL/FWL

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 11/14/2020 Date TD: 11/14/2020 Date Casing Set or D&A: 11/14/2020

Rig Release Date: 11/14/2020 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 2003 TVD** 2003 Plug Back Total Depth MD 1959 TVD** 1958

Elevations GR 5239 KB 5244

Digital Copies of ALL Logs must be Attached ☐

List All Logs Run:

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
SURF	13+1/2	9+5/8	J-55	36	0	2003	1000	2003	0	VISU

Bradenhead Pressure Action Threshold 601 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

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 second rig occupation on the Tower LD Pad.

Surface was set on the Tower LD 19-342HNX on 11/14/2020. Activities were suspended on 11/14/2020, prior to reaching TD due to changing rig priorities. Great Western anticipates recommencing drilling in Q1 of 2022 with a large rig and plans to set production casing prior to completing the well in Q2 of 2022.

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>			
402563397	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402558650	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"/>
<u>Other Attachments</u>			
402558652	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)

