

FORM
5

Rev
12/20

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:

402744427

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>05-001-10106-00</u> | County: <u>ADAMS</u> |
| Well Name: <u>Edmundson LE</u> | Well Number: <u>33-082HC</u> |
| Location: QtrQtr: <u>SESE</u> Section: <u>30</u> Township: <u>1S</u> Range: <u>66W</u> Meridian: <u>6</u> | |
| | FNL/FSL FEL/FWL |
| Footage at surface: Distance: <u>365</u> feet Direction: <u>FSL</u> Distance: <u>344</u> feet Direction: <u>FEL</u> | |
| As Drilled Latitude: <u>39.929875</u> As Drilled Longitude: <u>-104.810154</u> | |
| GPS Data: GPS Quality Value: <u>1.7</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>05/20/2021</u> | |
| | FNL/FSL FEL/FWL |
| ** If directional footage at Top of Prod. Zone Dist: <u>1139</u> feet Direction: <u>FNL</u> Dist: <u>460</u> feet Direction: <u>FWL</u> | |
| Sec: <u>32</u> Twp: <u>1S</u> Rng: <u>66W</u> | |
| | FNL/FSL FEL/FWL |
| ** If directional footage at Bottom Hole Dist: <u>1114</u> feet Direction: <u>FNL</u> Dist: <u>295</u> feet Direction: <u>FEL</u> | |
| Sec: <u>33</u> Twp: <u>1S</u> Rng: <u>66W</u> | |
| 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) 04/08/2021 Date TD: 05/31/2021 Date Casing Set or D&A: 06/02/2021
Rig Release Date: 06/03/2021 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

| |
|---|
| Total Depth MD <u>18443</u> TVD** <u>7713</u> Plug Back Total Depth MD <u>18438</u> TVD** <u>7713</u> |
| Elevations GR <u>5059</u> KB <u>5079</u> Digital Copies of ALL Logs must be Attached <input checked="" type="checkbox"/> |

List All Logs Run:
Mud log, MWD/LWD, CBL, Composite

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 6310 Fresh Water (bbls): 5421
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 0

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 | | 36 | 0 | 2031 | 1010 | 2031 | 0 | VISU |
| 1ST | 8+1/2 | 5+1/2 | | 20 | 0 | 18443 | 2420 | 18443 | 4166 | CBL |

Bradenhead Pressure Action Threshold 609 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 | |
| PARKMAN | 4,424 | 4,582 | NO | NO | |
| SUSSEX | 4,970 | 5,140 | NO | NO | |
| SHANNON | 6,304 | 6,474 | NO | NO | |
| SHARON SPRINGS | 7,333 | | NO | NO | |
| NIOBRARA | 7,690 | | NO | NO | |
| FORT HAYS | 8,402 | | NO | NO | |
| CODELL | 8,489 | | NO | NO | |
| CARLILE | 8,563 | | NO | NO | |

Operator Comments:

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

TPZ footages are estimated and based on the first legal perforation at the unit boundary setback.
Actual TPZ footages will be reported on the Form 5A.
Well is not completed.
Estimated completion by end of Q3 2021.

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

Signed: _____

Print Name: Renee Kendrick

Title: SR Regulatory Analyst

Date: _____

Email: rkendrick@gwp.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| Attachment Checklist | | | |
| 402744535 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 402744531 | 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"/> |
| Other Attachments | | | |
| 402744487 | LAS-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402744488 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402744490 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402744492 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402744522 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402748656 | PDF-COMPOSITE | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402748658 | LAS-COMPOSITE | 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)