

FORM  
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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:

402913117

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

API Number 05-001-09874-00 County: ADAMS
Well Name: Kortum LD Well Number: 33-170HC
Location: QtrQtr: NWNE Section: 21 Township: 1S Range: 67W Meridian: 6
Footage at surface: Distance: 215 feet Direction: FNL Distance: 1890 feet Direction: FEL
As Drilled Latitude: 39.957018 As Drilled Longitude: -104.891060
GPS Data: GPS Quality Value: 1.7 Type of GPS Quality Value: PDOP Date of Measurement: 11/21/2021
\*\* If directional footage at Top of Prod. Zone Dist: 460 feet Direction: FNL Dist: 2590 feet Direction: FEL
\*\* If directional footage at Bottom Hole Dist: 2257 feet Direction: FNL Dist: 2567 feet Direction: FEL
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/17/2021 Date TD: 10/17/2021 Date Casing Set or D&A: 10/18/2021
Rig Release Date: 10/22/2021 Per Rule 308A.b.

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

Total Depth MD 2030 TVD\*\* 2030 Plug Back Total Depth MD 1986 TVD\*\* 1986
Elevations GR 5192 KB 5197 Digital Copies of ALL Logs must be Attached

List All Logs Run:

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 4250 Fresh Water (bbls): 4250
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 0

### CASING, LINER AND CEMENT

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
SURF	13+1/2	9+5/8	J-55	40	0	2030	986	2030	0	VISU

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	

Operator Comments:

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

Surface was set on the Kortum LD 33-170HC on 10/18/2021. Activities were suspended on 10/18/2021, prior to reaching TD due to changing rig priorities. Great Western anticipates recommencing drilling in Q2 of 2022 with a large rig and plans to set production casing prior to completing the well in Q4 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.

No conductor was set on this well, the most recently approved APD stated that no conductor casing was planned.

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 ?	
<b><u>Attachment Checklist</u></b>			
402913137	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402913136	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><u>Other Attachments</u></b>			
402913139	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)