

FORM
5Rev
11/20State of Colorado
Oil and Gas Conservation Commission

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Document Number:

402550190

Date Received:

01/04/2021

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: 1775 SHERMAN STREET STE 3000

Fax:

City: DENVER State: CO Zip: 80203

Email: eroberts@gwp.com

API Number 05-001-10292-00

County: ADAMS

Well Name: Tower LD

Well Number: 19-302HC

Location: QtrQtr: SWNW Section: 21 Township: 1S Range: 67W Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 1636 feet Direction: FNL Distance: 456 feet Direction: FWL

As Drilled Latitude: 39.953082 As Drilled Longitude: -104.901541

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

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 1294 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: 1296 feet Direction: FSL Dist: 370 feet Direction: FWL
Sec: 19 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) 11/12/2020 Date TD: 11/12/2020 Date Casing Set or D&A: 11/12/2020

Rig Release Date: 11/12/2020 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 2031 TVD** 2030 Plug Back Total Depth MD 1987 TVD** 1986

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 | 2031 | 1000 | 2031 | 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 second rig occupation on the Tower LD Pad.

Surface was set on the Tower LD 19-302HC on 11/12/2020. Activities were suspended on 11/12/2020, 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: 1/4/2021 Email: eroberts@gwp.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|-----------------------------------------|----------------------------------------|
| <u>Attachment Checklist</u> | | | |
| 402563168 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 402558610 | 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> | | | |
| 402550190 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402558614 | 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)