

FORM  
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Rev  
02/20

# 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:

402424765

Date Received:

06/29/2020

## 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: 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 05-123-49307-00 County: WELD  
Well Name: Ottesen LE Well Number: 09-372HNX  
Location: QtrQtr: NWSE Section: 33 Township: 1N Range: 66W Meridian: 6  
FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
Footage at surface: Distance: 1510 feet Direction: FSL Distance: 1533 feet Direction: FEL  
As Drilled Latitude: 40.004601 As Drilled Longitude: -104.778162  
GPS Data: GPS Quality Value: 1.6 Type of GPS Quality Value: PDOP Date of Measurement: 04/27/2020  
GPS Instrument Operator's Name: Nate welch  
FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
\*\* If directional footage at Top of Prod. Zone Dist: 1130 feet Direction: FNL Dist: 1535 feet Direction: FEL  
Sec: 33 Twp: 1N Rng: 66W  
FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
\*\* If directional footage at Bottom Hole Dist: 1130 feet Direction: FNL Dist: 1535 feet Direction: FEL  
Sec: 9 Twp: 1N Rng: 66W  
Field Name: WATTENBERG Field Number: 90750  
Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 04/03/2020 Date TD: 04/04/2020 Date Casing Set or D&A: 04/04/2020  
Rig Release Date: 04/08/2020 Per Rule 308A.b.

Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 2020 TVD\*\* 2020 Plug Back Total Depth MD 1975 TVD\*\* 1975

Elevations GR 5076 KB 5082 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
CONDUCTOR	20	16	55	0	20	14	0	20	VISU
SURF	13+1/2	9+5/8	36	0	2,020	1,070	0	2,020	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:

This well was drilled during the third rig occupation on the Ottesen LE Pad.

Surface was set on the Ottesen LE 09-372HNX on 4/4/2020. Activities were suspended on 4/4/2020, prior to reaching TD due to changing rig priorities. Great Western anticipates recommencing drilling in Q1 of 2021 with a large rig and plans to set production casing prior to completing the well in Q2 of 2021.

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: 6/29/2020 Email: eroberts@gwp.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
402428850	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402428794	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>			
402424765	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402615195	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Corrected TPZ and BHL per directional survey. Pass.	09/29/2022

Total: 1 comment(s)