FORM 5A
Rev 06/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109

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Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10110
2. Name of Operator: GREAT WESTERN OPERATING COMPANY LLC
3. Address: 1700 BROADWAY SUITE 650
City: DENVER State: CO Zip: 80290
4. Contact Name: Shannon Hartnett
Phone: (303) 830-9893
Fax: (866) 522-1673

5. API Number 05-123-32765-00
6. County: WELD
7. Well Name: BINDER
Well Number: 0-6-20
8. Location: QtrQtr: NESW Section: 20 Township: 4N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/19/2012 End Date: 02/19/2012 Date of First Production this formation: 04/18/2012

Perforations Top: 7864 Bottom: 7884 No. Holes: 37 Hole size: 7/20

Provide a brief summary of the formation treatment: Open Hole: ☐

Codell Frac Treatment
Codell Treatment Totals: Cln Fluid: 3986.3 bbls, Sand Laden Fluid: 2496.5 bbls, Proppant: 1111,780 lbs 30/50, ATP: 4660 psi, ATR: 59.1 bpm, MTP: 5858 psi, MTR: 59.2 bpm.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 3986 Max pressure during treatment (psi): 5858

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Min frac gradient (psi/ft): 0.83

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 545

Fresh water used in treatment (bbl): 3986 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 111780 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: End Date: Date of First Production this formation: 04/18/2012

Perforations Top: 7563 Bottom: 4884 No. Holes: 53 Hole size: 7/20

Provide a brief summary of the formation treatment: Open Hole: ☐

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Min frac gradient (psi/ft):

Total acid used in treatment (bbl): Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/18/2012 Hours: 24 Bbl oil: 169 Mcf Gas: 206 Bbl H2O: 58

Calculated 24 hour rate: Bbl oil: 169 Mcf Gas: 206 Bbl H2O: 6 GOR: 0

Test Method: Test Seperator Casing PSI: 2100 Tubing PSI: 240 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1361 API Gravity Oil: 52

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/03/2012 End Date: 03/03/2012 Date of First Production this formation: 04/18/2012

Perforations Top: 7563 Bottom: 7735 No. Holes: 16 Hole size: 7/20

Provide a brief summary of the formation treatment: Open Hole: ☐

Niobrara Frac Treatment
Niobrara Treatment Totals: Cln Fluid: 5960.3 bbls, Sand Laden Fluid: 4324.8 bbls, Proppant: 200,380 lbs 40/50, 4000 20/40 SLC ATP: 4644 psi, ATR: 61.2 bpm, MTP: 6419 psi, MTR: 61.4 bpm.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 5960 Max pressure during treatment (psi): 6419

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Min frac gradient (psi/ft): 0.86

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 545

Fresh water used in treatment (bbl): 5960 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 204380 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

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

Signed: Print Name: Shannon Hartnett

Title: Reg. Compl. Spec. Date: Email: regulatorypermitting@gwogco.com

Attachment Check List

Att Doc Num	Name
400354111	CEMENT JOB SUMMARY
400354113	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)