

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 4. Contact Name: Shannon Hartnett
 2. Name of Operator: GREAT WESTERN OPERATING COMPANY LLC Phone: (303) 398-0351
 3. Address: 1700 BROADWAY SUITE 650 Fax: (866) 742-1784
 City: DENVER State: CO Zip: 80290

5. API Number 05-123-29034-00 6. County: WELD
 7. Well Name: LIND Well Number: 20-23
 8. Location: QtrQtr: NESW Section: 20 Township: 7N Range: 66W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 02/09/2012 End Date: 02/09/2012 Date of First Production this formation: 11/10/2012
 Perforations Top: 7144 Bottom: 7363 No. Holes: 19 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): 5881 Max pressure during treatment (psi): 6183
 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): 0.96
 Total acid used in treatment (bbl): 0 Number of staged intervals: 1
 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 707
 Fresh water used in treatment (bbl): 5881 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 204276 Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/11/2012 Hours: 24 Bbl oil: 30 Mcf Gas: 53 Bbl H2O: 1
 Calculated 24 hour rate: Bbl oil: 30 Mcf Gas: 53 Bbl H2O: 1 GOR: 1767
 Test Method: Test Separator Casing PSI: 1475 Tubing PSI: 448 Choke Size: 12/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1305 API Gravity Oil: 43
 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:

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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
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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