

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



Table with columns DE, ET, OE, ES

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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 City: DENVER State: CO Zip: 80290 Fax:

5. API Number 05-123-29035-00 6. County: WELD
7. Well Name: LIND Well Number: 20-14
8. Location: QtrQtr: SWSW 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: 02/08/2012 End Date: 02/08/2012 Date of First Production this formation: 11/10/2012
Perforations Top: 7135 Bottom: 7338 No. Holes: 22 Hole size: 7/20
Provide a brief summary of the formation treatment: Open Hole:
This formation is commingled with another formation: [X] Yes [] No
Total fluid used in treatment (bbl): 5856 Max pressure during treatment (psi): 6401
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.35
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): 693
Fresh water used in treatment (bbl): 5856 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 203427 Rule 805 green completion techniques were utilized: [X]
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/11/2012 Hours: 24 Bbl oil: 71 Mcf Gas: 60 Bbl H2O: 1
Calculated 24 hour rate: Bbl oil: 71 Mcf Gas: 60 Bbl H2O: 1 GOR: 845
Test Method: Test Separator Casing PSI: 1875 Tubing PSI: 774 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1305 API Gravity Oil: 45
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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General Comments

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

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