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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Document Number: 400345901

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 05-123-33517-00
6. County: WELD
7. Well Name: BOULTER
Well Number: 2-2-27
8. Location: QtrQtr: SENW Section: 27 Township: 5N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/30/2012 End Date: 03/30/2012 Date of First Production this formation: 05/02/2012

Perforations Top: 7021 Bottom: 7035 No. Holes: 49 Hole size: 7/20

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

Codell frac Slickwater Treatment
Codell frac Treatment Totals: Total 116,660 lbs 30/50 Ottawa, Pumped 0.5 ppa to 2.0 ppa in 2674 bbls of fluid. Total fluid pumped 4097 bbls.

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

Total fluid used in treatment (bbl): 4097 Max pressure during treatment (psi): 5927

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): 0.66

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1221

Fresh water used in treatment (bbl): 4097 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 116660 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: 05/02/2012

Perforations Top: 6719 Bottom: 7035 No. Holes: 72 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: 05/03/2012 Hours: 24 Bbl oil: 3 Mcf Gas: 270 Bbl H2O: 3

Calculated 24 hour rate: Bbl oil: 3 Mcf Gas: 270 Bbl H2O: 0 GOR: 90000

Test Method: Test Seperator Casing PSI: 1800 Tubing PSI: 1100 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1259 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: 03/30/2012 End Date: 03/30/2012 Date of First Production this formation: 05/02/2012

Perforations Top: 6719 Bottom: 6910 No. Holes: 23 Hole size: 7/20

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

Niobrara frac Slickwater Treatment
Niobrara frac Treatment Totals: Total 199,640 lbs 40/70 Ottawa, 4,000 lbs 20/40 SLC Pumped 0.5 ppa to 2.0 ppa in 4050 bbls of fluid.
Total fluid pumped 5674 bbls.

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

Total fluid used in treatment (bbl): 5674 Max pressure during treatment (psi): 6514

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): 0.92

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1221

Fresh water used in treatment (bbl): 5674 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 203815 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

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)