

FORM 5A

Rev 06/12

State of Colorado

Oil and Gas Conservation Commission

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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: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80290

5. API Number 05-123-32764-00 6. County: WELD  
 7. Well Name: BINDER Well Number: 14-20  
 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: 02/25/2012 End Date: 02/25/2012 Date of First Production this formation: 04/18/2012  
 Perforations Top: 7790 Bottom: 7807 No. Holes: 40 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): 4142 Max pressure during treatment (psi): 5629  
 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): 0.78  
 Total acid used in treatment (bbl): 0 Number of staged intervals: 1  
 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 655  
 Fresh water used in treatment (bbl): 4142 Disposition method for flowback: DISPOSAL  
 Total proppant used (lbs): 115080 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: NIORARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

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

Perforations Top: 7491 Bottom: 7807 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](http://FracFocus.org)**

**Test Information:**

Date: 04/19/2012 Hours: 24 Bbl oil: 145 Mcf Gas: 413 Bbl H2O: 116

Calculated 24 hour rate: Bbl oil: 145 Mcf Gas: 413 Bbl H2O: 12 GOR: 2848

Test Method: Test Separator Casing PSI: 1900 Tubing PSI: 1400 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1129 API Gravity Oil: 50

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: 03/10/2012 End Date: 03/10/2012 Date of First Production this formation: 04/18/2012  
Perforations Top: 7491 Bottom: 7660 No. Holes: 13 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): 6058 Max pressure during treatment (psi): 6258

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): 0.84

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 655

Fresh water used in treatment (bbl): 6058 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 204200 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: 9/6/2013 Email: regulatorypermitting@gwogco.com

**Attachment Check List**

Att Doc Num	Name
400477381	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date
Permit	Corrected typo in formation information for NB-CD producing from 4807 to 7807 and notified opr.	9/9/2013 11:30:49 AM

Total: 1 comment(s)