

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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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, reoperation 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 05-123-35707-00 6. County: WELD 7. Well Name: Great Western Well Number: 25-23 8. Location: QtrQtr: NWSW Section: 25 Township: 6N Range: 67W Meridian: 6 9. Field Name: LAPOUDRE SOUTH Field Code: 48130

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/01/2012 End Date: 10/01/2012 Date of First Production this formation: 10/16/2012 Perforations Top: 7167 Bottom: 7182 No. Holes: 32 Hole size: 7/20

Provide a brief summary of the formation treatment: Open Hole: []

Codell frac Slickwater Treatment Codell frac Treatment Totals: Total 116,120 lbs 30/50 Ottawa, Pumped 0.5 ppa to 2.0 ppa in 2721 bbls of fluid. Total fluid pumped 4238.4 bbls.

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 4238 Max pressure during treatment (psi): 5398 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): 0.87 Total acid used in treatment (bbl): 0 Number of staged intervals: 1 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1231 Fresh water used in treatment (bbl): 4238 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 116120 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: 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: 10/16/2012

Perforations Top: 6860 Bottom: 7182 No. Holes: 59 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: 10/17/2012 Hours: 24 Bbl oil: 82 Mcf Gas: 101 Bbl H2O: 26

Calculated 24 hour rate: Bbl oil: 82 Mcf Gas: 101 Bbl H2O: 3 GOR: 1232

Test Method: Test Separator Casing PSI: 1605 Tubing PSI: 650 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1327 API Gravity Oil: 46

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: NIORBARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/01/2012 End Date: 10/01/2012 Date of First Production this formation: 10/16/2012
Perforations Top: 6860 Bottom: 7064 No. Holes: 27 Hole size: 7/20

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

Niobrara frac Slickwater Treatment Niobrara frac Treatment Totals: Total 200,700 lbs 40/70 Ottawa, 4,000 lbs 20/40 SLC Pumped 0.5 ppa to 2.0 ppa in 4237 bbls of fluid. Total fluid pumped 5616.5 bbls

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 5617 Max pressure during treatment (psi): 5823
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): 0.91
Total acid used in treatment (bbl): 0 Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1231
Fresh water used in treatment (bbl): 5617 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 204700 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)