

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, 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 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) 522-1673
 City: DENVER State: CO Zip: 80290

5. API Number 05-123-35704-00 6. County: WELD
 7. Well Name: Great Western Well Number: 25-22-14
 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: 09/26/2012 End Date: 09/26/2012 Date of First Production this formation: 10/15/2012

Perforations Top: 7126 Bottom: 7141 No. Holes: 60 Hole size: 7/20

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

Codell frac Slickwater Treatment Codell frac Treatment Totals: Total 115,160 lbs 30/50 Ottawa, Pumped 0.5 ppa to 2.0 ppa in 2549 bbls of fluid. Total fluid pumped 4225.6 bbls.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 4330 Max pressure during treatment (psi): 6277

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): 0.93

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1254

Fresh water used in treatment (bbl): 4330 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 115160 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: 10/15/2012

Perforations Top: 6818 Bottom: 7025 No. Holes: 120 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: 10/16/2012 Hours: 24 Bbl oil: 55 Mcf Gas: 48 Bbl H2O: 26

Calculated 24 hour rate: Bbl oil: 55 Mcf Gas: 48 Bbl H2O: 3 GOR: 873

Test Method: Test Separator Casing PSI: 1660 Tubing PSI: 150 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: 09/26/2012 End Date: 09/26/2012 Date of First Production this formation: 10/15/2012
Perforations Top: 6818 Bottom: 7025 No. Holes: 60 Hole size: 7/20

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

Niobrara frac Slickwater Treatment Niobrara frac Treatment Totals: Total 201,320 lbs 40/70 Ottawa, 4,000 lbs 20/40 SLC Pumped 0.5 ppa to 2.0 ppa in 4322 bbls of fluid. Total fluid pumped 5712 bbls.

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 5708 Max pressure during treatment (psi): 6182
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): 0.93
Total acid used in treatment (bbl): 0 Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1254
Fresh water used in treatment (bbl): 5708 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 205320 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)