

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



DE ET OE ES

Document Number:

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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  
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) 398-0351  
Fax: (866) 522-1673

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: NIOBRARA-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)