

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, 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 05-123-35705-00 6. County: WELD 7. Well Name: Great Western Well Number: 25-22-18 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: 10/03/2012 End Date: 10/03/2012 Date of First Production this formation: 10/15/2012 Perforations Top: 7383 Bottom: 7398 No. Holes: 27 Hole size: 7/20

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

Codell frac Slickwater Treatment Codell frac Treatment Totals: Total 115,820lbs 30/50 Ottawa, Pumped 0.5 ppa to 2.0 ppa in 2181 bbls of fluid. Total fluid pumped 4288.5 bbls.

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

Total fluid used in treatment (bbl): 4289 Max pressure during treatment (psi): 6271 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): 1250 Fresh water used in treatment (bbl): 4289 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 115820 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: 10/15/2012

Perforations Top: 7060 Bottom: 7281 No. Holes: 50 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: 10/16/2012 Hours: 24 Bbl oil: 27 Mcf Gas: 42 Bbl H2O: 26

Calculated 24 hour rate: Bbl oil: 27 Mcf Gas: 42 Bbl H2O: 3 GOR: 1556

Test Method: Test Separator Casing PSI: 1970 Tubing PSI: 500 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: 10/03/2012 Date of First Production this formation: 10/15/2012  
Perforations Top: 7060 Bottom: 7281 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 200,580 lbs 40/70 Ottawa, 4,000 lbs 20/40 SLC Pumped 0.5 ppa to 2.0 ppa in 4331 bbls of fluid. Total fluid pumped 5716.7 bbls

This formation is commingled with another formation:  Yes  No  
Total fluid used in treatment (bbl): 5717 Max pressure during treatment (psi): 5999  
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): 0.90  
Total acid used in treatment (bbl): 0 Number of staged intervals: 1  
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1250  
Fresh water used in treatment (bbl): 5717 Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 204580 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)