

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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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:

5. API Number 05-123-35440-00
6. County: WELD
7. Well Name: H-Y Well Number: 20-53
8. Location: QtrQtr: NENW Section: 29 Township: 6N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 09/18/2012 End Date: 09/18/2012 Date of First Production this formation: 10/17/2012
Perforations Top: 7639 Bottom: 7654 No. Holes: 38 Hole size: 7/20
Provide a brief summary of the formation treatment: Open Hole:
This formation is commingled with another formation: [X] Yes [ ] No
Total fluid used in treatment (bbl): 4125 Max pressure during treatment (psi): 5302
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): 2188
Fresh water used in treatment (bbl): 4125 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 115000 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: 10/17/2012  
Perforations Top: 7332 Bottom: 7654 No. Holes: 83 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: 10/18/2012 Hours: 24 Bbl oil: 22 Mcf Gas: 0 Bbl H2O: 16  
Calculated 24 hour rate: Bbl oil: 22 Mcf Gas: 1 Bbl H2O: 2 GOR: 0  
Test Method: Test Separator Casing PSI: 1478 Tubing PSI: 201 Choke Size: 12/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1361 API Gravity Oil: 43  
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: 09/18/2012 End Date: 09/18/2012 Date of First Production this formation: 10/17/2012  
Perforations Top: 7332 Bottom: 7545 No. Holes: 45 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): 5986 Max pressure during treatment (psi): 5476

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): 2188

Fresh water used in treatment (bbl): 5986 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 204280 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: 9/9/2013 Email: regulatorypermitting@gwogco.com

**Attachment Check List**

Att Doc Num	Name
400478282	FORM 5A SUBMITTED

Total Attach: 1 Files

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