

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



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: Callie Fiddes
Phone: (303) 398-0550
Fax: (866) 742-1784

5. API Number 05-123-23782-00
6. County: WELD
7. Well Name: DILKA
Well Number: 6-52
8. Location: QtrQtr: SENW Section: 6 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/07/2011 End Date: 05/07/2011 Date of First Production this formation: 08/01/2011
Perforations Top: 6888 Bottom: 6898 No. Holes: 40 Hole size: 7/20

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

4096 bbls slickwater, 115,000 30/50 sand.
Spearhead 7% KCL ahead of frac.

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

Total fluid used in treatment (bbl): 4069 Max pressure during treatment (psi): 5701
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): 0.86
Total acid used in treatment (bbl): 0 Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 699
Fresh water used in treatment (bbl): 4069 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 115360 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: 08/01/2011

Perforations Top: 6599 Bottom: 6898 No. Holes: 208 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: 08/01/2011 Hours: 24 Bbl oil: 204 Mcf Gas: 8 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 204 Mcf Gas: 8 Bbl H2O: 1 GOR: 40

Test Method: Test Separator Casing PSI: 1400 Tubing PSI: 1050 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1226 API Gravity Oil: 44

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: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/15/2011 End Date: 06/15/2011 Date of First Production this formation: 08/01/2011
Perforations Top: 6599 Bottom: 6736 No. Holes: 168 Hole size: 7/20

Provide a brief summary of the formation treatment: Open Hole:
4050 bbls DynaFlow 2 WR fluid; 238,100 lb 20/40 sand and 12,000 lb 20/40 resin coated sand.

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 4175 Max pressure during treatment (psi): 6500
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.70
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.89
Total acid used in treatment (bbl): 0 Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 699
Fresh water used in treatment (bbl): 4175 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 256425 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: Callie Fiddes
Title: Regulatory Tech 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)