

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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Document Number:

400489513

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:

5. API Number 05-123-36297-00
6. County: WELD
7. Well Name: Campbell JF
Well Number: 17-8D
8. Location: QtrQtr: SWNE Section: 17 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 05/31/2013 End Date: 05/31/2013 Date of First Production this formation: 06/20/2013
Perforations Top: 7358 Bottom: 7371 No. Holes: 47 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): 3105 Max pressure during treatment (psi): 4407
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): 0.85
Total acid used in treatment (bbl): 0 Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1163
Fresh water used in treatment (bbl): 3105 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 155140 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: 06/20/2013

Perforations Top: 7130 Bottom: 7371 No. Holes: 98 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: 06/20/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 8 Bbl H2O: 13

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 8 Bbl H2O: 13 GOR: 0

Test Method: Test Separator Casing PSI: 1699 Tubing PSI: 995 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1263 API Gravity Oil: 49

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: 05/31/2013 End Date: 05/31/2013 Date of First Production this formation: 06/20/2013

Perforations Top: 7130 Bottom: 7236 No. Holes: 51 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): 5471 Max pressure during treatment (psi): 4832

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): 1163

Fresh water used in treatment (bbl): 5471 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 199960 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**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)