

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:

400486260

Date Received:

09/26/2013

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                           | 4. Contact Name: Callie Fiddes |
| 2. Name of Operator: GREAT WESTERN OPERATING COMPANY LLC | Phone: (303) 398-0550          |
| 3. Address: 1801 BROADWAY #500                           | Fax:                           |
| City: DENVER State: CO Zip: 80202                        |                                |

|   |                     |
|---|---------------------|
| 5. API Number 05-123-35598-00   | 6. County: WELD     |
| 7. Well Name: HCW FD  | Well Number: 24-20D |
| 8. Location: QtrQtr: SESW Section: 24 Township: 6N Range: 67W Meridian: 6 |                     |
| 9. Field Name: WATTENBERG   | Field Code: 90750   |

Completed Interval

|                                   |                  |                             |                      |  |  |
|-----------------------------------|------------------|-----------------------------|----------------------|--|--|
| FORMATION: <u>CODELL</u>          |                  | Status: <u>COMMINGLED</u>   |                      | Treatment Type: <u>FRACTURE STIMULATION</u>                |  |
| Treatment Date: <u>12/17/2012</u> |                  | End Date: <u>12/17/2012</u> |                      | Date of First Production this formation: <u>12/22/2012</u> |  |
| Perforations                      | Top: <u>7259</u> | Bottom: <u>7274</u>         | No. Holes: <u>42</u> | Hole size: <u>7/20</u>                                     |  |

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Codell frac Treatment Totals: Total 115,000 lbs 30/50 Ottawa, Pumped 0.5 ppa to 2.0 ppa in 2353 bbls of fluid. Total fluid pumped 3798.9 bbls.  
 MIRU Mesa WL RU Lubricator to Frac Manifold, PU & RIH 4 1/2" CBP & 20' x 3 1/8" 3SPF Casing Gun, RIH correlate depth, Set CBP @ 7190', PUH & correlate depth

|  |   |  |
|--|---|--|
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |  |
| Total fluid used in treatment (bbl): <u>3798</u>   | Max pressure during treatment (psi): <u>5636</u>  |  |
| Total gas used in treatment (mcf): <u>0</u>  | Fluid density at initial fracture (lbs/gal): <u>8.70</u>                                |  |
| Type of gas used in treatment: _____   | Min frac gradient (psi/ft): <u>0.90</u>   |  |
| Total acid used in treatment (bbl): <u>0</u>   | Number of staged intervals: <u>1</u>  |  |
| Recycled water used in treatment (bbl): <u>0</u>   | Flowback volume recovered (bbl): <u>1334</u>  |  |
| Fresh water used in treatment (bbl): <u>3798</u>   | Disposition method for flowback: <u>DISPOSAL</u>  |  |
| Total proppant used (lbs): <u>115000</u>   | Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/> |  |
| 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 12/22/2012

Perforations Top: 6948 Bottom: 7274 No. Holes: 86 Hole size: 7/20

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

No packer used

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: 12/22/2012 Hours: 24 Bbl oil: 144 Mcf Gas: 48 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 144 Mcf Gas: 48 Bbl H2O: 1 GOR: 334

Test Method: Test Separator Casing PSI: 650 Tubing PSI: 1300 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1327 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7246 Tbg setting date: 10/26/2012 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: 12/17/2012 End Date: 12/17/2012 Date of First Production this formation: 12/22/2012  
Perforations Top: 6948 Bottom: 7159 No. Holes: 44 Hole size: 7/20

Provide a brief summary of the formation treatment:

Open Hole: ☐

Niobrara frac Treatment Totals: Total 200,160 lbs 40/70 Ottawa, 4,000 lbs 20/40 SLC Pumped 0.6 ppa to 2.1 ppa in 3927 bbls of fluid. Total fluid pumped 5388.6 bbls.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 5388

Max pressure during treatment (psi): 6004

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): 0.92

Total acid used in treatment (bbl): 0

Number of staged intervals: 1

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 1334

Fresh water used in treatment (bbl): 5388

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 200160

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: 9/26/2013 Email: regulatorypermitting@gwogco.com

#### Attachment Check List

| Att Doc Num | Name              |
|-------------|-------------------|
| 400486260   | FORM 5A SUBMITTED |

Total Attach: 1 Files

#### General Comments

| User Group | Comment   | Comment Date             |
|------------|---|--------------------------|
| Permit     | Narrative for treatment missing.Pushing form back to draft. | 10/30/2013<br>2:16:14 PM |

Total: 1 comment(s)