

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



DE ET OE ES

Document Number:

400265366

Date Received:

09/25/2013

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  
2. Name of Operator: GREAT WESTERN OPERATING COMPANY LLC  
3. Address: 1801 BROADWAY #500  
City: DENVER State: CO Zip: 80202  
4. Contact Name: Callie Fiddes  
Phone: (303) 398-0550  
Fax: (866) 742-1784  
Email: regulatorypermitting@gwogco.com

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: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/07/2011 End Date: 05/07/2011 Date of First Production this formation: 05/01/2011

Perforations Top: 6888 Bottom: 6898 No. Holes: 40 Hole size: 7/20

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

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

This formation is commingled with another formation: ☒ 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: ☒

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: 05/01/2011

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: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/15/2011 End Date: 06/15/2011 Date of First Production this formation: 05/01/2011

Perforations Top: 6599 Bottom: 6736 No. Holes: 168 Hole size: 7/20

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

1 stage: 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: 9/25/2013 Email: regulatorypermitting@gwogco.com

**Attachment Check List**

Att Doc Num	Name
400265366	FORM 5A SUBMITTED

Total Attach: 1 Files

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Oper. confirmed test date.	1/6/2014 1:24:34 PM
Permit	Oper. corrected date of first prod.; need corrected test date?	12/30/2013 6:54:54 AM
Permit	Date of 1st prod. incorrect.	12/26/2013 2:54:10 PM

Total: 3 comment(s)