

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

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, reoperation 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: [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: 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)