

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: Shannon Hartnett Phone: (303) 398-0351 Fax: Email: regulatorypermitting@gwogco.com

5. API Number 05-123-32864-00
6. County: WELD
7. Well Name: FRITZLER Well Number: 11-21
8. Location: QtrQtr: NWNW Section: 21 Township: 6N Range: 66W Meridian: 6
9. Field Name: BRACEWELL Field Code: 7487

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/15/2012 End Date: 01/15/2012 Date of First Production this formation: 01/06/2012

Perforations Top: 7155 Bottom: 7170 No. Holes: 21 Hole size: 7/20

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

Total 115,000 lbs 30/50 Ottawa, Pumped 0.5 ppa to 2.0 ppa in 2539 bbls of fluid. Total fluid pumped 3976.5 bbls.

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

Total fluid used in treatment (bbl): 3977 Max pressure during treatment (psi): 5400

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): 0.73

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 308

Fresh water used in treatment (bbl): 3977 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 115000 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: 01/06/2012

Perforations Top: 6846 Bottom: 7170 No. Holes: 53 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: 01/07/2012 Hours: 24 Bbl oil: 56 Mcf Gas: 332 Bbl H2O: 72

Calculated 24 hour rate: Bbl oil: 56 Mcf Gas: 332 Bbl H2O: 7 GOR: 5929

Test Method: Test Separator Casing PSI: 700 Tubing PSI: 800 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1268 API Gravity Oil: 56

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: 01/03/2012 End Date: 01/05/2012 Date of First Production this formation: 01/06/2012
Perforations Top: 6846 Bottom: 7069 No. Holes: 32 Hole size: 7/20

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

Total 203,600 lbs 40/70 Ottawa, 4,000 lbs 20/40 SLC Pumped 0.5 ppa to 2.0 ppa in 4323 bbls of fluid. Total fluid pumped 5956.3 bbls.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 5956 Max pressure during treatment (psi): 5750

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): 0.94

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 308

Fresh water used in treatment (bbl): 5956 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 203600 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: Shannon Hartnett
Title: Reg. Compl. Spec. Date: 9/6/2013 Email: regulatorypermitting@gwogco.com

Attachment Check List

Att Doc Num	Name
400477205	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Received frac summaries. Ready to pass.	2/21/2014 8:39:42 AM
Permit	Requested frac summaries.	11/15/2013 7:39:28 AM

Total: 2 comment(s)