

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, 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: Email: regulatorypermitting@gwogco.com

5. API Number 05-123-36039-00
6. County: WELD
7. Well Name: Andrews Well Number: 26-53
8. Location: QtrQtr: SESW Section: 26 Township: 7N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/08/2012 End Date: 11/08/2012 Date of First Production this formation: 12/18/2012

Perforations Top: 7206 Bottom: 7221 No. Holes: 53 Hole size: 7/20

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

Treatment Totals: Total 2,000 lbs 100 mesh, 115,920 lbs 30/50 Ottawa, Pumped 0.5 ppa to 2.0 ppa in 2780 bbls of fluid. Total fluid pumped 4113.5 bbls.

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

Total fluid used in treatment (bbl): 4113 Max pressure during treatment (psi): 5870

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): 0.89

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1275

Fresh water used in treatment (bbl): 4113 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 115920 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: 12/17/2012

Perforations Top: 6920 Bottom: 7221 No. Holes: 109 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: 12/20/2012 Hours: 24 Bbl oil: 87 Mcf Gas: 37 Bbl H2O: 148

Calculated 24 hour rate: Bbl oil: 87 Mcf Gas: 37 Bbl H2O: 9 GOR: 426

Test Method: Test Separator Casing PSI: 510 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1240 API Gravity Oil: 43

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: 11/08/2012 End Date: 11/08/2012 Date of First Production this formation: 12/18/2012
Perforations Top: 6920 Bottom: 7115 No. Holes: 56 Hole size: 7/20

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

Treatment Totals: Total 204,380 lbs 40/70 Ottawa, 20/40 SLC Pumped 0.5 ppa to 2.0 ppa in 4288 bbls of fluid. Total fluid pumped 5669.4 bbls.

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

Total fluid used in treatment (bbl): 5669 Max pressure during treatment (psi): 6189

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): 0.93

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1275

Fresh water used in treatment (bbl): 5669 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 204380 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.

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: 9/24/2013 Email: regulatorypermitting@gwogco.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 400485358, FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date. Row 1: Permit, Received frac summaries. Ready to pass., 2/21/2014 3:17:50 PM. Row 2: Permit, Missing frac summaries., 2/21/2014 10:20:02 AM

Total: 2 comment(s)