

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: 400478078

Date Received: 09/09/2013

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

5. API Number 05-123-35264-00
6. County: WELD
7. Well Name: JBL Well Number: 34-34
8. Location: QtrQtr: SWSE Section: 34 Township: 7N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/18/2012 End Date: 06/18/2012 Date of First Production this formation: 08/06/2012
Perforations Top: 7198 Bottom: 7222 No. Holes: 45 Hole size: 7/20

Provide a brief summary of the formation treatment: Open Hole: []
Total 116,420 lbs 30/50 Ottawa, Pumped 0.5 ppa to 2.0 ppa in 2509 bbls of fluid. Total fluid pumped 4233.1 bbls.

This formation is commingled with another formation: [X] Yes [] No
Total fluid used in treatment (bbl): 4233 Max pressure during treatment (psi): 5229
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): 0.90
Total acid used in treatment (bbl): 0 Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1295
Fresh water used in treatment (bbl): 4233 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 116420 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: 08/06/2012

Perforations Top: 7001 Bottom: 7322 No. Holes: 67 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: 09/01/2012 Hours: 24 Bbl oil: 28 Mcf Gas: 20 Bbl H2O: 2

Calculated 24 hour rate: Bbl oil: 28 Mcf Gas: 20 Bbl H2O: 0 GOR: 714

Test Method: Test Separator Casing PSI: 300 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1251 API Gravity Oil: 42

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: 06/18/2012 End Date: 06/18/2012 Date of First Production this formation: 08/06/2012
Perforations Top: 6896 Bottom: 7123 No. Holes: 22 Hole size: 7/20

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

Total 204,300 lbs 40/70 Ottawa, 4,000 lbs 20/40 SLC Pumped 0.5 ppa to 2.0 ppa in 4358 bbls of fluid. Total fluid pumped 5986.9 bbls.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 5987 Max pressure during treatment (psi): 5848

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): 0.96

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1295

Fresh water used in treatment (bbl): 5987 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 204300 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: 9/9/2013 Email: regulatorypermitting@gwogco.com

Attachment Check List

Att Doc Num	Name
400478078	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Attached narrative summary as per opr.	4/29/2014 2:19:00 PM
Permit	Corrected Niobrara Bottom as per opr. Form is still missing the narrative summary. Opr notified.	4/22/2014 7:11:22 AM
Permit	Corrected Codell perms as per opr.	12/27/2013 2:06:28 PM
Permit	Form on hold. Perforated formations do not match formation tops reported on form 5.	9/20/2013 12:59:20 PM

Total: 4 comment(s)