

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 05-123-37649-00
6. County: WELD
7. Well Name: Campbell JF Well Number: 17-6D-1
8. Location: QtrQtr: SWNE Section: 17 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/11/2013 End Date: 06/11/2013 Date of First Production this formation: 06/20/2013
Perforations Top: 7354 Bottom: 7369 No. Holes: 26 Hole size: 7/20

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

Codell frac Treatment Totals: Total 200,070 lbs 20/40 Ottawa, & 4,000 lbs 20/40 SLC Pumped 1.0 ppa to 4.0 ppa in 1851 bbls of fluid. Total fluid pumped 3058 bbls.

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

Total fluid used in treatment (bbl): 3058 Max pressure during treatment (psi): 4413
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): 1701
Fresh water used in treatment (bbl): 3058 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 200070 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: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/11/2013 End Date: 06/11/2013 Date of First Production this formation: 06/20/2013

Perforations Top: 7124 Bottom: 7369 No. Holes: 78 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: 06/20/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 16 Bbl H2O: 25

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 16 Bbl H2O: 25 GOR: 0

Test Method: Test Separator Casing PSI: 1797 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1263 API Gravity Oil: 49

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: 06/07/2013 End Date: 06/11/2013 Date of First Production this formation: 06/19/2013

Perforations Top: 7088 Bottom: 7228 No. Holes: 52 Hole size: 7/20

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

Niobrara frac Treatment Totals: Total 204,460 lbs 40/70 Ottawa, 4,000 lbs 20/40 SLC Pumped 0.5 ppa to 2.2 ppa in 4407 bbls of fluid. Total fluid pumped 6094 bbls, 740 bbls of that water was filtered.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 6094 Max pressure during treatment (psi): 4670

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): 0.88

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1701

Fresh water used in treatment (bbl): 6094 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 204460 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: 3/7/2014 Email: regulatorypermitting@gwogco.com

Attachment Check List

Att Doc Num	Name
400567088	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Permitting Review Complete.	5/1/2015 2:15:17 PM
Permit	Ready to pass when form 5 passes.	5/13/2014 8:55:22 AM

Total: 2 comment(s)