

FORM 5A

Rev 06/12

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State of Colorado

Oil and Gas Conservation Commission



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Date Received:

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 4. Contact Name: Callie Fiddes
 2. Name of Operator: GREAT WESTERN OPERATING COMPANY LLC Phone: (303) 398-0550
 3. Address: 1801 BROADWAY #500 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: regulatorypermitting@gwogco.com

5. API Number 05-123-33239-00 6. County: WELD
 7. Well Name: Fritzler Well Number: 8-8-17
 8. Location: QtrQtr: SESE Section: 17 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: 12/18/2011 End Date: 12/18/2011 Date of First Production this formation: 01/13/2012
 Perforations Top: 7256 Bottom: 7272 No. Holes: 29 Hole size: 7

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

Clean Fluid: 4148 bbls, 115,000 lbs 30/50 white sand.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 4148 Max pressure during treatment (psi): 6183
 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): 2848
 Fresh water used in treatment (bbl): 4148 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 115000 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.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/05/2014 End Date: 09/05/2014 Date of First Production this formation: 01/13/2012

Perforations Top: 6934 Bottom: 7272 No. Holes: 52 Hole size: 7

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: 01/13/2012 Hours: 24 Bbl oil: 111 Mcf Gas: 68 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 111 Mcf Gas: 68 Bbl H2O: 0 GOR: 618

Test Method: Test Separator Casing PSI: 1880 Tubing PSI: 1400 Choke Size: 18

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1254 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7240 Tbg setting date: 03/31/2012 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: 01/10/2012 End Date: 01/10/2012 Date of First Production this formation: 01/13/2012

Perforations Top: 6934 Bottom: 7170 No. Holes: 23 Hole size: 7

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

Total 200,300 lbs 40/70 Ottawa, 4,000 lbs 20/40 SLC Pumped 0.5 ppa to 2.0 ppa in 4255.4 bbls of fluid. Total fluid pumped 5822.1 bbls.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 5822 Max pressure during treatment (psi): 6060

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): 0.91

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 2848

Fresh water used in treatment (bbl): 5822 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 200300 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 Specialist Date: Email: regulatorypermitting@gwogco.com

Attachment Check List

Table with columns Att Doc Num and Name

Total Attach: 0 Files

General Comments

Table with columns User Group, Comment, and Comment Date

Total: 0 comment(s)