

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



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Document Number:

400847471

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
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 05-123-33239-00
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: <input type="checkbox"/>	
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:				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input checked="" type="checkbox"/>			
Reason why green completion not utilized: _____					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)