

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400970590

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 05-123-38972-00
6. County: WELD
7. Well Name: Postle IC
Well Number: 11-342HC
8. Location: QtrQtr: SWSW Section: 12 Township: 3N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/13/2014 End Date: 09/18/2014 Date of First Production this formation: 10/13/2014
Perforations Top: 7844 Bottom: 11766 No. Holes: 600 Hole size: 3/7

Provide a brief summary of the formation treatment:

Open Hole: ☐

Total fluid: 65235 bbls. Total proppant: 3598070 lbs; 3179248 premium white 20/40, 196473 premium white 40/70, 222349 CRC 20/40,

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 65235

Max pressure during treatment (psi): 7769

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): 0.92

Total acid used in treatment (bbl): 0

Number of staged intervals: 20

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 19082

Fresh water used in treatment (bbl): 65235

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 3598070

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/23/2014 Hours: 24 Bbl oil: 418 Mcf Gas: 271 Bbl H2O: 674
Calculated 24 hour rate: Bbl oil: 418 Mcf Gas: 271 Bbl H2O: 674 GOR: 650
Test Method: Flowing Casing PSI: 2027 Tubing PSI: 1760 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1377 API Gravity Oil: 44
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6826 Tbg setting date: 09/30/2014 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

Att Doc Num **Name**

--	--

Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

--	--	--

Total: 0 comment(s)