


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 border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 400970121 Date Received:				
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: <u>10110</u> 2. Name of Operator: <u>GREAT WESTERN OPERATING COMPANY LLC</u> 3. Address: <u>1801 BROADWAY #500</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	4. Contact Name: <u>Callie Fiddes</u> Phone: <u>(303) 398-0550</u> Fax: _____ Email: <u>regulatorypermitting@gwogco.com</u>
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5. API Number <u>05-123-39322-00</u> 7. Well Name: <u>Postle IC</u> 8. Location: QtrQtr: <u>SWNW</u> Section: <u>11</u> Township: <u>3N</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	6. County: <u>WELD</u> Well Number: <u>11-159HC</u> Range: <u>68W</u> Meridian: <u>6</u>
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Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>11/26/2014</u>	End Date: <u>12/09/2014</u>	Date of First Production this formation: <u>01/09/2015</u>
Perforations Top: <u>7785</u>	Bottom: <u>11905</u>	No. Holes: <u>630</u> Hole size: <u>3/7</u>
Provide a brief summary of the formation treatment: _____		
Open Hole: <input type="checkbox"/>		
Total fluid: 67659 bbl. Total proppant: 4063442 lbs; 2,124,882 premium white 20/40, 196,398 premium white 40/70, 292,130 CRC 20/40 1,450,032 premium white 30/50.		

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>67659</u>	Max pressure during treatment (psi): <u>8793</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.34</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.90</u>
Total acid used in treatment (bbl): <u>0</u>	Number of staged intervals: <u>21</u>
Recycled water used in treatment (bbl): <u>0</u>	Flowback volume recovered (bbl): <u>17152</u>
Fresh water used in treatment (bbl): <u>67659</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>4063442</u>	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

Test Information:

Date: <u>01/12/2015</u>	Hours: <u>24</u>	Bbl oil: <u>565</u>	Mcf Gas: <u>570</u>	Bbl H2O: <u>184</u>
Calculated 24 hour rate:	Bbl oil: <u>565</u>	Mcf Gas: <u>570</u>	Bbl H2O: <u>184</u>	GOR: <u>1010</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1810</u>	Tubing PSI: <u>1675</u>	Choke Size: <u>15/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1286</u>	API Gravity Oil: <u>44</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7580</u>	Tbg setting date: <u>01/07/2015</u>	Packer Depth: _____	
Reason for Non-Production: 				
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:

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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
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

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

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Total: 0 comment(s)