

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:

401012197

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 05-123-32044-00
6. County: WELD
7. Well Name: Five Rivers BB
Well Number: 30-18
8. Location: QtrQtr: NENW Section: 30 Township: 5N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/29/2013 End Date: 01/29/2013 Date of First Production this formation: 02/21/2013

Perforations Top: 6587 Bottom: 6599 No. Holes: 19 Hole size: 0.38

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

Codell frac Treatment Totals: Total 186,000 lbs 20/40 Ottawa, & 4,000 lbs 20/40 SLC. Total fluid pumped 2687 bbls crosslink.

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

Total fluid used in treatment (bbl): 2687 Max pressure during treatment (psi): 4086

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): 1037

Fresh water used in treatment (bbl): 2687 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 190000 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: 01/29/2013 End Date: 01/29/2013 Date of First Production this formation: 02/21/2013

Perforations Top: 6332 Bottom: 6599 No. Holes: 48 Hole size: 0.42

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: 06/03/2013 Hours: 24 Bbl oil: 41 Mcf Gas: 118 Bbl H2O: 6

Calculated 24 hour rate: Bbl oil: 41 Mcf Gas: 118 Bbl H2O: 6 GOR: 2878

Test Method: Flowing Casing PSI: 503 Tubing PSI: 474 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1342 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6572 Tbg setting date: 05/15/2013 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: 01/29/2013 End Date: 01/29/2013 Date of First Production this formation: 02/21/2013

Perforations Top: 6332 Bottom: 6486 No. Holes: 29 Hole size: 0.42

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

Niobrara frac Treatment Totals: Total 200,220 lbs 40/70 Ottawa, 4,000 lbs 20/40 SLC. Total fluid pumped 5903 bbls slickwater.

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

Total fluid used in treatment (bbl): 5903 Max pressure during treatment (psi): 4947

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): 0.93

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1037

Fresh water used in treatment (bbl): 5903 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 204220 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

Att Doc Num Name

Total Attach: 0 Files

General Comments

User Group Comment

Comment Date

Stamp Upon Approval

Total: 0 comment(s)