

FORM  
5ARev  
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:

400980025

Date Received:

01/25/2017

## 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: Allison Schieber  
 2. Name of Operator: GREAT WESTERN OPERATING COMPANY LLC Phone: (303) 398-0355  
 3. Address: 1801 BROADWAY #500 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80202 Email: aschieber@gwogco.com

5. API Number 05-123-24363-00 6. County: WELD  
 7. Well Name: GREAT WESTERN Well Number: 26-31  
 8. Location: QtrQtr: NENE Section: 26 Township: 6N Range: 67W Meridian: 6  
 9. Field Name: LAPOUDRE Field Code: 48125

## Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION  
 Treatment Date: 09/25/2007 End Date: 09/25/2007 Date of First Production this formation: 10/21/2007  
 Perforations Top: 7216 Bottom: 7236 No. Holes: 80 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

FRAC CODL W/3638 BBLs FLUID 270,000# 20/40. TREAT @ AN AVERAGE OF 24.5 BPM. MAX RATE 51.4 BPM, MAX PRESSURE 4415

This formation is commingled with another formation: ☒ Yes ☐ NoTotal fluid used in treatment (bbl): 3638Max pressure during treatment (psi): 4415Total gas used in treatment (mcf): 0Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: \_\_\_\_\_

Min frac gradient (psi/ft): 0.91Total acid used in treatment (bbl): 0Number of staged intervals: 1Recycled water used in treatment (bbl): 0Flowback volume recovered (bbl): 1022Fresh water used in treatment (bbl): 3638Disposition method for flowback: DISPOSALTotal proppant used (lbs): 270000Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

## Test Information:

Date: 10/23/2007 Hours: 24 Bbl oil: 51 Mcf Gas: 203 Bbl H2O: 12  
 Calculated 24 hour rate: Bbl oil: 51 Mcf Gas: 203 Bbl H2O: 12 GOR: 3980  
 Test Method: Flowing Casing PSI: 300 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64  
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1305 API Gravity Oil: 47  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7193 Tbg setting date: 01/22/2008 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:

This well is producing in NB-CD. The Codell formation was missing from the initial completion reporting for this well.

Tubing PSI is not reported on this form because tubing was not in place at time of Test date.

Frac Focus updated october 2016

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Allison Linz

Title: Regulatory Tech Date: 1/25/2017 Email: regulatorypermitting@gwogco.com  
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### **Attachment Check List**

**Att Doc Num**      **Name**

400980025	FORM 5A SUBMITTED
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Total Attach: 1 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	AOC corrections approved. Form passes permitting review.	01/27/2017
Permit	Returned to draft for AOC settlement.	01/13/2017
Permit	Return to draft for AOC settlement.	09/23/2016

Total: 3 comment(s)