

|                             |  |  |   |    |    |    |    |
|-----------------------------|--|--|---|----|----|----|----|
| <b>FORM 5A</b><br>Rev 06/12 | <b>State of Colorado</b><br><b>Oil and Gas Conservation Commission</b><br>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> <p>Document Number:<br/>400980028</p> <p>Date Received:</p> | DE | ET | OE | ES |
| DE                          | ET   | OE   | ES  |    |    |    |    |

### 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: <u>10110</u>                           | 4. Contact Name: <u>Scot Donato</u>           |
| 2. Name of Operator: <u>GREAT WESTERN OPERATING COMPANY LLC</u> | Phone: <u>(303) 398-0537</u>                  |
| 3. Address: <u>1801 BROADWAY #500</u>                           | Fax: _____                                    |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>          | Email: <u>regulatorypermitting@gwogco.com</u> |

|  |                           |
|--|---------------------------|
| 5. API Number <u>05-123-24362-00</u>   | 6. County: <u>WELD</u>    |
| 7. Well Name: <u>GREAT WESTERN</u>   | Well Number: <u>26-32</u> |
| 8. Location: QtrQtr: <u>SENE</u> Section: <u>26</u> Township: <u>6N</u> Range: <u>67W</u> Meridian: <u>6</u> |                           |
| 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>  |                           |

### Completed Interval

|                                   |                             |  |
|-----------------------------------|-----------------------------|--|
| FORMATION: <u>CODELL</u>          | Status: <u>COMMINGLED</u>   | Treatment Type: <u>FRACTURE STIMULATION</u>                |
| Treatment Date: <u>08/15/2012</u> | End Date: <u>08/15/2012</u> | Date of First Production this formation: <u>10/21/2007</u> |
| Perforations Top: <u>7270</u>     | Bottom: <u>7290</u>         | No. Holes: <u>104</u> Hole size: <u>21/50</u>              |

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

Total fluid 4,968 bbl slickwater. Total proppant 154,000 lbs. 150,000 lbs 30/50 White, 4,000 lbs 20/40 20/40 Super LC.

This formation is commingled with another formation:  Yes  No

|  |   |
|--|---|
| Total fluid used in treatment (bbl): <u>4968</u> | Max pressure during treatment (psi): <u>4799</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>0.85</u>   |
| Total acid used in treatment (bbl): <u>0</u>     | Number of staged intervals: <u>1</u>  |
| Recycled water used in treatment (bbl): <u>0</u> | Flowback volume recovered (bbl): <u>953</u>   |
| Fresh water used in treatment (bbl): <u>4968</u> | Disposition method for flowback: <u>DISPOSAL</u>  |
| Total proppant used (lbs): <u>154000</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>08/23/2012</u>      | Hours: <u>24</u>                  | Bbl oil: <u>5</u>                   | Mcf Gas: <u>24</u>         | Bbl H2O: <u>2</u> |
| Calculated 24 hour rate:     | Bbl oil: <u>5</u>                 | Mcf Gas: <u>24</u>                  | Bbl H2O: <u>2</u>          | GOR: <u>4800</u>  |
| Test Method: <u>Flowing</u>  | Casing PSI: <u>1050</u>           | Tubing PSI: <u>900</u>              | Choke Size: <u>48/64</u>   |                   |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u>              | Btu Gas: <u>1219</u>                | API Gravity Oil: <u>48</u> |                   |
| Tubing Size: <u>2 + 3/8</u>  | Tubing Setting Depth: <u>7255</u> | Tbg setting date: <u>08/16/2012</u> | 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 Form 5A is being submitted to report the Refrac of the Codell formation in 2012.

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

Signed: \_\_\_\_\_ Print Name: Scot Donato

Title: Regulatory Manager 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)