

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400980030

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: Scot Donato
Phone: (303) 398-0537
Fax:
Email: regulatorypermitting@gwogco.com

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

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 10/21/2007

Perforations Top: 7270 Bottom: 7290 No. Holes: 80 Hole size: 21/50

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

A flow-thru composite plug was set above the Codell formation, prior to the Niobrara completion.

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
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: _____ End Date: _____ Date of First Production this formation: 02/06/2008

Perforations Top: 6958 Bottom: 7290 No. Holes: 232 Hole size: 21/50

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: 11/26/2007 Hours: 24 Bbl oil: 40 Mcf Gas: 20 Bbl H2O: 25

Calculated 24 hour rate: Bbl oil: 40 Mcf Gas: 20 Bbl H2O: 25 GOR: 500

Test Method: Flowing Casing PSI: 200 Tubing PSI: _____ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1305 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4256 Tbg setting date: 01/15/2008 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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/21/2007 End Date: 11/21/2007 Date of First Production this formation: 11/23/2007

Perforations Top: 6958 Bottom: 7098 No. Holes: 152 Hole size: 21/50

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

Frac Niobrara w/ 4131 bbls fluid (Dynaflow 2 WR) 238,000# 30/50 sand & 17,000# 20/40 resin coated sand. Treat @ an average of 4603# 51.2 bpm. Max rate 51.5 bpm, max pressure 5304#.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 4131 Max pressure during treatment (psi): 5304

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): 1096

Fresh water used in treatment (bbl): 4131 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 255000 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:

This form 5A is being submitted to document the Niobrara formation that was treated in 05/2011 and never reported, the Codell & Niobrara formations were commingled immediately upon the completion of the Niobrara formation.

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)