

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

5. API Number 05-123-24361-00 6. County: WELD
 7. Well Name: GREAT WESTERN Well Number: 26-51
 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: FRACTURE STIMULATIONTreatment Date: 07/30/2012 End Date: 07/30/2012 Date of First Production this formation: 10/23/2007Perforations Top: 7120 Bottom: 7140 No. Holes: 104 Hole size: 19/50Provide a brief summary of the formation treatment: Open Hole: ☐

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

This formation is commingled with another formation: ☒ Yes ☐ NoTotal fluid used in treatment (bbl): 4968Max pressure during treatment (psi): 7780Total 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): 0.71Total acid used in treatment (bbl): 0Number of staged intervals: 1Recycled water used in treatment (bbl): 0Flowback volume recovered (bbl): 133Fresh water used in treatment (bbl): 4968Disposition method for flowback: DISPOSALTotal proppant used (lbs): 154000Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/24/2012 Hours: 24 Bbl oil: 23 Mcf Gas: 75 Bbl H2O: 3Calculated 24 hour rate: Bbl oil: 23 Mcf Gas: 75 Bbl H2O: 3 GOR: 3260Test Method: Flowing Casing PSI: 1100 Tubing PSI: 1050 Choke Size: 48/64Gas Disposition: SOLD Gas Type: WET Btu Gas: 1219 API Gravity Oil: 48Tubing Size: 2 + 3/8 Tubing Setting Depth: 7085 Tbg setting date: 08/01/2012 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:

2012 Codell ReFrac

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

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Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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