

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:

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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: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 10/02/2007 End Date: 10/02/2007 Date of First Production this formation: 10/23/2007Perforations Top: 7120 Bottom: 7140 No. Holes: 80 Hole size: 19/50

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac Codell w/ 3333 bbls fluid (silverstem) and 270,000 #30/50 sand w/ 8000# sandwedge. Treat @an average of 3598# 25.5bpm. Max rate 31.5 bpm, max pressure 4537

This formation is commingled with another formation: ☒ Yes ☐ NoTotal fluid used in treatment (bbl): 3333Max pressure during treatment (psi): 4537Total 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): 1132Fresh water used in treatment (bbl): 3333Disposition method for flowback: DISPOSALTotal proppant used (lbs): 278000Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/02/2007 Hours: 24 Bbl oil: 145 Mcf Gas: 75 Bbl H2O: 10Calculated 24 hour rate: Bbl oil: 145 Mcf Gas: 75 Bbl H2O: 10 GOR: 517Test Method: Flowing Casing PSI: 440 Tubing PSI: _____ Choke Size: 12/64Gas Disposition: SOLD Gas Type: WET Btu Gas: 1305 API Gravity Oil: 47Tubing Size: 2 + 3/8 Tubing Setting Depth: 7105 Tbg setting date: 01/30/2008 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 Form 5A is being submitted to report the Initial Fracture Treatment of the Codell formation 10/2007.

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
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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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Total: 0 comment(s)