

FORM  
5A

Rev  
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  
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 05-123-36144-00  
6. County: WELD  
7. Well Name: Peterson CX GH  
Well Number: #30-14D  
8. Location: QtrQtr: SWNE Section: 30 Township: 5N Range: 63W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/01/2013 End Date: 02/01/2013 Date of First Production this formation: 02/27/2013

Perforations Top: 6852 Bottom: 6862 No. Holes: 40 Hole size: 21/50

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

Total fluid 3,085 bbl: 3062 bbl slickwater, 23 bbl 15% HCl Acid. Total proppant 192,660 lbs. 188,660 lbs of 20/40 White, 4,000 lbs of 20/40 SLC.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 3085 Max pressure during treatment (psi): 4589

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): 0.88

Total acid used in treatment (bbl): 23 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1094

Fresh water used in treatment (bbl): 3062 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 192660 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: NIOBARRA-CODELL Status: PRODUCING Treatment Type: \_\_\_\_\_

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 02/27/2013

Perforations Top: 6679 Bottom: 6862 No. Holes: 100 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: 06/23/2013 Hours: 24 Bbl oil: 23 Mcf Gas: 160 Bbl H2O: 2

Calculated 24 hour rate: Bbl oil: 23 Mcf Gas: 160 Bbl H2O: 2 GOR: 6957

Test Method: Flowing Casing PSI: 809 Tubing PSI: 602 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1392 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6838 Tbg setting date: 06/13/2013 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: 02/01/2013 End Date: 02/01/2013 Date of First Production this formation: 02/27/2013

Perforations Top: 6679 Bottom: 6751 No. Holes: 60 Hole size: 21/50

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

Total fluid 5,928 bbls of slickwater . Total proppant 204,540 lbs. 200,540 lbs of 40/70 White, 4,000 lbs of 20/40 SLC.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 5928 Max pressure during treatment (psi): 6489

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): 0.97

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1094

Fresh water used in treatment (bbl): 5928 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 204540 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:

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)