

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-123-36170-00 6. County: WELD 7. Well Name: Peterson CX GH Well Number: #30-28D 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: 02/08/2013 End Date: 02/08/2013 Date of First Production this formation: 02/27/2013 Perforations Top: 6854 Bottom: 6866 No. Holes: 48 Hole size: 21/50

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

Total fluid 2,212 bbls of slickwater. Total proppant 90,200 lbs of 20/40 White.

This formation is commingled with another formation: [X] Yes [] No Total fluid used in treatment (bbl): 2212 Max pressure during treatment (psi): 7417 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.33 Type of gas used in treatment: Min frac gradient (psi/ft): 0.89 Total acid used in treatment (bbl): 0 Number of staged intervals: 1 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 950 Fresh water used in treatment (bbl): 2212 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 90200 Rule 805 green completion techniques were utilized: [X] 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: _____

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

Perforations Top: 6615 Bottom: 6866 No. Holes: 108 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: DISPOSAL

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: 06/18/2013 Hours: 24 Bbl oil: 56 Mcf Gas: 128 Bbl H2O: 3

Calculated 24 hour rate: Bbl oil: 56 Mcf Gas: 128 Bbl H2O: 3 GOR: 2286

Test Method: Flowing Casing PSI: 1041 Tubing PSI: 723 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: 6819 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: 02/22/2013 End Date: 02/22/2013 Date of First Production this formation: 02/27/2013

Perforations Top: 6615 Bottom: 6754 No. Holes: 60 Hole size: 21/50

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

Total fluid 5,950 bbls: 5926 bbl slickwater, 24 bbl HCl 15%. Total proppant 223,080 lbs. 219,080 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): 5950 Max pressure during treatment (psi): 6211

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: Min frac gradient (psi/ft): 0.93

Total acid used in treatment (bbl): 24 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 950

Fresh water used in treatment (bbl): 5926 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 223080 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

Table with columns Att Doc Num and Name. Total Attach: 0 Files

General Comments

Table with columns User Group, Comment, and Comment Date. Stamp Upon Approval

Total: 0 comment(s)