

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 05-123-36149-00
6. County: WELD
7. Well Name: Peterson CX GH
Well Number: #30-41D
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: 02/12/2013 End Date: 02/12/2013 Date of First Production this formation: 02/27/2013

Perforations Top: 7162 Bottom: 7174 No. Holes: 48 Hole size: 21/50

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

Total fluid 2,974 bbls: 2949 bbls slickwater, 25 bbls HCl 15% Acid. Total proppant 187,560 lbs. 187,560 lbs 20/40 white.

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

Total fluid used in treatment (bbl): 2974 Max pressure during treatment (psi): 4594

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): 0.85

Total acid used in treatment (bbl): 25 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 877

Fresh water used in treatment (bbl): 2949 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 187560 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: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: 02/27/2013	
Perforations	Top: 6985	Bottom: 7174	No. Holes: 86	Hole size: 21/50	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/>		
Reason why green completion not utilized: _____					

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/09/2013	Hours: 24	Bbl oil: 46	Mcf Gas: 53	Bbl H2O: 1
Calculated 24 hour rate:	Bbl oil: 46	Mcf Gas: 53	Bbl H2O: 1	GOR: 1152
Test Method: Flowing	Casing PSI: 1793	Tubing PSI: 350	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: 7147	Tbg setting date: 05/13/2013	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: 02/12/2013 End Date: 02/12/2013 Date of First Production this formation: 02/27/2013

Perforations Top: 6985 Bottom: 7058 No. Holes: 60 Hole size: 19/50

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

Total fluid 5,851 bbls of slickwater. Total proppant 204,300 lbs. 200,300 lbs 40/70 white, 4,000 lbs 20/40 SLC.

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

Total fluid used in treatment (bbl): 5851 Max pressure during treatment (psi): 5339

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): 0.91

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 877

Fresh water used in treatment (bbl): 5851 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 204300 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)