

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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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 05-123-36149-00 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:

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: 06/09/2013 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

Table with columns Att Doc Num and Name

Total Attach: 0 Files

General Comments

Table with columns User Group, Comment, Comment Date

Total: 0 comment(s)