

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



Table with columns DE, ET, OE, ES

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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, reoperation 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 05-123-36152-00
6. County: WELD
7. Well Name: Peterson CX GH Well Number: #30-40D
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: 02/06/2013 End Date: 02/06/2013 Date of First Production this formation:
Perforations Top: 7194 Bottom: 7205 No. Holes: 44 Hole size: 21/50

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

Total fluid 3,044 bbls: 3020 bbls slickwater, 24 bbl HCl 15% Acid. Total proppant 190,160 lbs. 186,160 lbs 20/40 White, 4,000 lbs 20/40 SLC.

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 3044 Max pressure during treatment (psi): 4805
Total gas used in treatment (mcf): 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): 24 Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 742
Fresh water used in treatment (bbl): 3020 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 190160 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: 6941 Bottom: 7205 No. Holes: 104 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: 06/11/2013 Hours: 24 Bbl oil: 26 Mcf Gas: 55 Bbl H2O: 2

Calculated 24 hour rate: Bbl oil: 26 Mcf Gas: 55 Bbl H2O: 2 GOR: 2115

Test Method: Flowing Casing PSI: 1580 Tubing PSI: 758 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1392 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7178 Tbg setting date: 05/31/2013 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: 02/06/2013 End Date: 02/06/2013 Date of First Production this formation:

Perforations Top: 6941 Bottom: 7089 No. Holes: 60 Hole size: 21/50

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

Total fluid 5,853 bbls of slickwater. Total proppant 204,600 lbs. 200,600 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): 5853 Max pressure during treatment (psi): 6401

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: Min frac gradient (psi/ft): 0.95

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 742

Fresh water used in treatment (bbl): 5853 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 204600 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: 5/12/2017 Email: regulatorypermitting@gwogco.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 400988984, FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date. Row 1: Permit, Returned to draft for AOC settlement, 12/07/2016

Total: 1 comment(s)