

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 401258848

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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, 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 05-123-25421-00
6. County: WELD
7. Well Name: PETERSON
Well Number: 30-51
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: 07/07/2014 End Date: 07/07/2014 Date of First Production this formation: 04/09/2008

Perforations Top: 6565 Bottom: 6576 No. Holes: 44 Hole size: 19/50

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

Total Fluid: 2,882 bbls of DynaFlow-2WR. Total Proppant: 186,047 lbs of 20/40 White.

This formation is commingled with another formation: [X] Yes [] No
Total fluid used in treatment (bbl): 2882
Max pressure during treatment (psi): 3960
Total gas used in treatment (mcf):
Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment:
Min frac gradient (psi/ft): 0.90
Total acid used in treatment (bbl): 0
Number of staged intervals: 1
Recycled water used in treatment (bbl): 0
Flowback volume recovered (bbl): 493
Fresh water used in treatment (bbl): 2882
Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 186047
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: 07/20/2014 Hours: 24 Bbl oil: 16 Mcf Gas: 154 Bbl H2O: 7
Calculated 24 hour rate: Bbl oil: 16 Mcf Gas: 154 Bbl H2O: 7 GOR: 9625
Test Method: Flowing Casing PSI: 889 Tubing PSI: 594 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1305 API Gravity Oil: 48
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6545 Tbg setting date: 07/11/2014 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: 11/01/2010

Perforations Top: 6310 Bottom: 6576 No. Holes: 224 Hole size: 0.38

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: 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: This is a 2014 Codell ReFrac.

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: 5/11/2017 Email: regulatorypermitting@gwogco.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 401258848, FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date. Row 1: Permit, Added NB-CD panel to report NB-CD date of first prod., per operator request., 05/22/2017

Total: 1 comment(s)