

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:

401258848

Date Received:

05/11/2017

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: ☒ 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: ☒

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**

**Att Doc Num** **Name**

401258848 FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

**User Group** **Comment** **Comment Date**

Permit Added NB-CD panel to report NB-CD date of first prod., per operator request. 05/22/2017

Total: 1 comment(s)