

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: 401408804

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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: Miracle Pfister Phone: (303) 398-0550 Fax: Email: regulatorypermitting@gwogco.com

5. API Number 05-123-23484-00
6. County: WELD
7. Well Name: GREAT WESTERN Well Number: 26-22
8. Location: QtrQtr: SENW Section: 26 Township: 6N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: TEMPORARILY ABANDONED Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 05/24/2006
Perforations Top: 6794 Bottom: 7130 No. Holes: 222 Hole size: 7/20
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: Set a RBP at 6695' per offset frac mitigation.

Date formation Abandoned: 02/21/2017 Squeeze: Yes No If yes, number of sacks cmt

** Bridge Plug Depth: 6695 ** Sacks cement on top: 0 ** Wireline and Cement Job Summary must be attached.

Comment:

This form 5A is being submitted to Temporarily Abandon this well with a RBP per the offset frac mitigation.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Christi Ng

Title: Sr Regulatory Analyst Date: 10/31/2017 Email: cng@gwogco.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401408804	FORM 5A SUBMITTED
401432616	OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Corrected no. holes to reflect information submitted on Form 5A Doc: 401431465.	11/13/2017
Permit	Operator requested the following comment be removed: Planned recommencement of drilling 4th Qtr 2018.	10/31/2017

Total: 2 comment(s)