

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:

401443726

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
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 05-123-32970-00
6. County: WELD
7. Well Name: BINDER
Well Number: 13-20
8. Location: QtrQtr: NESW Section: 20 Township: 4N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/19/2017 End Date: 02/19/2017 Date of First Production this formation: 05/09/2012

Perforations Top: 7522 Bottom: 7542 No. Holes: 80 Hole size: 0.38

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

Codell was not treated on 5/7/2012. This formation was previously treated on 2/19/2012 and no flowback was experienced.

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.

FORMATION: NIOBRARA-CODELL		Status: PRODUCING		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 05/07/2012		End Date: 05/07/2012		Date of First Production this formation: 05/09/2012	
Perforations	Top: 7230	Bottom: 7542	No. Holes: 665	Hole size: 0.38	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Frac'd Niobrara C w/ 12 bbls 15% HCL; 120,240# 40/70; 4,000# 20/40 SLC; 4108.9 bbls fluid. Frac'd Niobrara A and B w/ 1214.3 bbls 15% HCL; 204,320# 40/70; 4,000# 20/40 SLC; 4778 bbls fluid. Codell was frac'd on 2/29/2012.					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total fluid used in treatment (bbl): 10089		Max pressure during treatment (psi): 5262			
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):			
Total acid used in treatment (bbl): 1214		Number of staged intervals: 2			
Recycled water used in treatment (bbl):		Flowback volume recovered (bbl): 1112			
Fresh water used in treatment (bbl): 8875		Disposition method for flowback: DISPOSAL			
Total proppant used (lbs): 124240		Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>			
Reason why green completion not utilized: _____					
Fracture stimulations must be reported on FracFocus.org					
Test Information:					
Date: 05/13/2012	Hours: 24	Bbl oil: 32	Mcf Gas: 85	Bbl H2O: 3	
Calculated 24 hour rate:	Bbl oil: 32	Mcf Gas: 85	Bbl H2O: 3	GOR: 2656	
Test Method: Flowing	Casing PSI: 210	Tubing PSI:	Choke Size: 12		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1313	API Gravity Oil: 48		
Tubing Size:	Tubing Setting Depth:	Tbg setting date:	Packer Depth:		
Reason for Non-Production: _____					
Date formation Abandoned:	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 05/07/2012 End Date: 05/07/2012 Date of First Production this formation: 05/09/2012
Perforations Top: 7230 Bottom: 7425 No. Holes: 585 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd Niobrara C w/ 12 bbls 15% HCL; 120,240# 40/70; 4,000# 20/40 SLC; 4108.9 bbls fluid.

Frac'd Niobrara A and B w/ 1214.3 bbls 15% HCL; 204,320# 40/70; 4,000# 20/40 SLC; 4778 bbls fluid.

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:

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

Signed: _____ Print Name: Jack Desmond

Title: Regulatory Analyst Date: _____ Email: jdesmond@gwogco.com

Attachment Check List

Att Doc Num **Name**

Total Attach: 0 Files

General Comments

User Group **Comment**

Comment Date

_____ Stamp Upon Approval

Total: 0 comment(s)