

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 4. Contact Name: Miracle Pfister
 2. Name of Operator: GREAT WESTERN OPERATING COMPANY LLC Phone: (303) 398-0550
 3. Address: 1801 BROADWAY #500 Fax: _____
 City: DENVER State: CO Zip: 80202 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:

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: Yes 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:

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: 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: 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)