

FORMATION: NIORARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: _____ End Date: _____ Date of First Production this formation: 06/05/2010

Perforations Top: 6900 Bottom: 7238 No. Holes: 297 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: 10/31/2012 Hours: 24 Bbl oil: 16 Mcf Gas: 57 Bbl H2O: 2

Calculated 24 hour rate: Bbl oil: 16 Mcf Gas: 57 Bbl H2O: 2 GOR: 3562

Test Method: Flowing Casing PSI: 850 Tubing PSI: 700 Choke Size: 48

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1302 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7209 Tbg setting date: 09/20/2012 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 Form 5A is for a Codell refrac performed on 9/11/2012.
The date of first production for the combined Niobrara-Codell tab has been updated to show the correct date.
The original approved Form 5A (Doc #1938633) had incorrectly reported the # perf holes. The original frac job on 10/28/2008 shot 100 perforations in Codell formation. The refrac on 9/11/2012 shot 45 perforations for a total of 145.

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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)