

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



Table with columns DE, ET, OE, ES

Document Number: 401432583

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 05-123-24312-00
6. County: WELD
7. Well Name: GREAT WESTERN
Well Number: 27-13
8. Location: QtrQtr: SWSW Section: 27 Township: 6N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/04/2012 End Date: 09/04/2012 Date of First Production this formation: 09/27/2007
Perforations Top: 7221 Bottom: 7242 No. Holes: 104 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: []

Re Frac Perfs 7221-7229 Codell frac Treatment Totals: Total 152,140 lbs 30/50 Ottawa, 4,000 lbs 20/40 SLC Pumped 0.5 ppa to 2.0 ppa in 3499 bbls of fluid. Total fluid pumped 4,839.5 bbls.

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 4840 Max pressure during treatment (psi): 4650
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment: Min frac gradient (psi/ft): 0.75
Total acid used in treatment (bbl): 0 Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 233
Fresh water used in treatment (bbl): 4840 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 156140 Rule 805 green completion techniques were utilized: [X]

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: _____ End Date: _____ Date of First Production this formation: 10/20/2007

Perforations Top: 6904 Bottom: 7242 No. Holes: 216 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: 09/20/2012 Hours: 24 Bbl oil: 2 Mcf Gas: 3 Bbl H2O: 6

Calculated 24 hour rate: Bbl oil: 2 Mcf Gas: 3 Bbl H2O: 6 GOR: 1500

Test Method: Flowing Casing PSI: 950 Tubing PSI: 650 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1318 API Gravity Oil: 45

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7210 Tbg setting date: 09/10/2012 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 9/4/2012.
The date of first production for the Codell and the combined Niobrara-Codell tab has been updated to show the correct date.

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)