


<b>FORM 5A</b> Rev 06/12	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number: 401636348  Date Received:				
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: <u>10110</u> 2. Name of Operator: <u>GREAT WESTERN OPERATING COMPANY LLC</u> 3. Address: <u>1001 17TH STREET #2000</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	4. Contact Name: <u>Miracle Pfister</u> Phone: <u>(720) 595-2250</u> Fax: _____ Email: <u>regulatorypermitting@gwogco.com</u>
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5. API Number <u>05-123-30748-00</u> 7. Well Name: <u>GREAT WESTERN</u> 8. Location: QtrQtr: <u>NENW</u> Section: <u>35</u> Township: <u>6N</u> 9. Field Name: <u>LAPOUDRE SOUTH</u> Field Code: <u>48130</u>	6. County: <u>WELD</u> Well Number: <u>35-52</u> Range: <u>67W</u> Meridian: <u>6</u>
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**Completed Interval**

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: _____	End Date: _____	Date of First Production this formation: <u>06/09/2011</u>
Perforations Top: <u>6789</u>	Bottom: <u>7098</u>	No. Holes: <u>280</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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: <input type="checkbox"/>	
Reason why green completion not utilized: _____		

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: <u>06/12/2011</u>	Hours: <u>24</u>	Bbl oil: <u>35</u>	Mcf Gas: <u>20</u>	Bbl H2O: <u>48</u>
Calculated 24 hour rate:	Bbl oil: <u>35</u>	Mcf Gas: <u>20</u>	Bbl H2O: <u>48</u>	GOR: <u>571</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>250</u>	Tubing PSI: _____	Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1368</u>	API Gravity Oil: <u>47</u>	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: <input style="width:100%;" type="text"/>				
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: 06/07/2011 End Date: 06/07/2011 Date of First Production this formation: 06/09/2011

Perforations Top: 6789 Bottom: 6905 No. Holes: 208 Hole size: 0.38

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

239,400 lbs White Sand 30/50, 12,000 lbs Super LC 20/40, 1000 gal 15% HCl, 4086 bbls gel. Flowback determined by well test separator.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 4110 Max pressure during treatment (psi): 5983

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): 0.92

Total acid used in treatment (bbl): 24 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 869

Fresh water used in treatment (bbl): 4086 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 251400 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: This Form 5A has been submitted to report a frac job done in the niobrara formation on 06/07/2011.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete. Signed: Jack Desmond Print Name: Jack Desmond Title: Regulatory Analyst Date: Email: jdesmond@gwogco.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Total Attach: 0 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date. Stamp Upon Approval

Total: 0 comment(s)