

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



DE ET OE ES

Document Number:

402436683

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: 1001 17TH STREET #2000  
City: DENVER State: CO Zip: 80202  
4. Contact Name: Renee Kendrick  
Phone: (720) 595-2114  
Fax:  
Email: rkendrick@gwp.com

5. API Number 05-123-36594-00  
6. County: WELD  
7. Well Name: Land JG  
Well Number: 31-24D  
8. Location: QtrQtr: SWSW Section: 31 Township: 2N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CARLILE Status: COMMINGLED Treatment Type:  
Treatment Date: End Date: Date of First Production this formation: 07/09/2013  
Perforations Top: 7283 Bottom: 7285 No. Holes: 12 Hole size: 42/100  
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: 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: CODELL-CARLILE Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/12/2013 End Date: 04/12/2013 Date of First Production this formation: 07/09/2013

Perforations Top: 7271 Bottom: 7285 No. Holes: 56 Hole size: 42/100

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

190,560 # 20/40 Sand; 2,827 bbls Gelled Fluid; Flowback determined from well test separator

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 2827

Max pressure during treatment (psi): 3235

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): 0.88

Total acid used in treatment (bbl):

Number of staged intervals: 1

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl): 958

Fresh water used in treatment (bbl): 2827

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 190560

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

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

**Test Information:**

Date: 07/14/2013 Hours: 24 Bbl oil: 51 Mcf Gas: 2 Bbl H2O: 10

Calculated 24 hour rate: Bbl oil: 51 Mcf Gas: 2 Bbl H2O: 10 GOR: 39

Test Method: Flowing Casing PSI: 1475 Tubing PSI: 1350 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1386 API Gravity Oil: 399

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: CODELL Status: COMMINGLED Treatment Type: \_\_\_\_\_

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 07/09/2013

Perforations Top: 7271 Bottom: 7282 No. Holes: 44 Hole size: 42/100

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: \_\_\_\_\_ 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-CARLILE		Status: PRODUCING		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: 12/30/2013	
Perforations	Top: 7040	Bottom: 7285	No. Holes: 109	Hole size: 42/100	
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: _____	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: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
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\*\* 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: 12/11/2013 End Date: 12/11/2013 Date of First Production this formation: 12/30/2013

Perforations Top: 7040 Bottom: 7156 No. Holes: 63 Hole size: 42/100

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

24 bbls 15% HCL Acid; 221,017# 40/70 Sand; 4000 # 20/40 Sand; 7791 bbls Gelled Fluid; Flowback determined from well test separator

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 7815 Max pressure during treatment (psi): 3112

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): 0.88

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

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 1208

Fresh water used in treatment (bbl): 7791 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 225017 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

#### Test Information:

Date: 12/30/2013 Hours: 24 Bbl oil: 36 Mcf Gas: 0 Bbl H2O: 3

Calculated 24 hour rate: Bbl oil: 36 Mcf Gas: 0 Bbl H2O: 3 GOR: 0

Test Method: Flowing Casing PSI: 1250 Tubing PSI: 200 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1386 API Gravity Oil: 43

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7255 Tbg setting date: 12/23/2013 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:

Frac Focus was completed but fluid and/or sand totals are incorrect. Great Western cannot update Frac Focus. When editing FracFocus forms all data is cleared and the contractor Great Western used that provides the data is no longer in business.

The well was produced through casing until the Niobrara was completed.

Form 2 was approved with SHL permitted as Lot 2. This is incorrect - Lot 2 is greater than 40 acres. SHL has been updated to SWSW.

The commingled Codell-Carlile panel has been added to report the combined production test and frac treatment.

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@gwp.com

#### Attachment Check List

Att Doc Num Name

Total Attach: 0 Files

### General Comments

User Group

Comment

Comment Date

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Stamp Upon  
Approval

Total: 0 comment(s)