

FORM 5A Rev 06/12



Table with columns: DE, ET, OE, ES

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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: [X] 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:

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 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

Table with 2 columns: 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)