

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



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Document Number:

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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	4. Contact Name: Shannon Hartnett
2. Name of Operator: GREAT WESTERN OPERATING COMPANY LLC	Phone: (303) 830-9893
3. Address: 1700 BROADWAY SUITE 650	Fax:
City: DENVER State: CO Zip: 80290	

5. API Number 05-123-33252-00	6. County: WELD
7. Well Name: Hood	Well Number: 6-2-20
8. Location: QtrQtr: SESE Section: 17 Township: 6N Range: 66W Meridian: 6	
9. Field Name: BRACEWELL	Field Code: 7487

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>12/17/2011</u>		End Date: <u>12/17/2011</u>		Date of First Production this formation: <u>01/12/2012</u>	
Perforations	Top: <u>7599</u>	Bottom: <u>7615</u>	No. Holes: <u>34</u>	Hole size: <u>7/20</u>	

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

Codell frac Slickwater Treatment
 ISIP: 3,512 psi, 1 min: 3,507 psi, 5 min: 3,450 psi, FG: 0.918 psi/ft, Leak off: 12.4 psi/min. ATP: 5129 psi, ATR: 60.6 bpm, MTP: 5498 psi, MTR: 60.9 bpm. Cln Fluid: 4132 bbls, 115,240 lbs 30/50 white sand.

This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total fluid used in treatment (bbl): <u>4105</u>	Max pressure during treatment (psi): <u>5498</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.34</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.88</u>
Total acid used in treatment (bbl): <u>0</u>	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): <u>0</u>	Flowback volume recovered (bbl): <u>670</u>
Fresh water used in treatment (bbl): <u>4105</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>115120</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>
Reason why green completion not utilized: _____	

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>01/13/2012</u>	Hours: <u>24</u>	Bbl oil: <u>156</u>	Mcf Gas: <u>109</u>	Bbl H2O: <u>17</u>
Calculated 24 hour rate:	Bbl oil: <u>156</u>	Mcf Gas: <u>109</u>	Bbl H2O: <u>17</u>	GOR: <u>1</u>
Test Method: <u>Test Separator</u>	Casing PSI: <u>1840</u>	Tubing PSI: <u>1480</u>	Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1254</u>	API Gravity Oil: <u>48</u>	
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: 01/02/2012 End Date: 01/04/2012 Date of First Production this formation: 01/12/2012
Perforations Top: 7289 Bottom: 7507 No. Holes: 14 Hole size: 7/20
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Niobrara Slickwater Treatment

Niobrara frac Treatment Totals: Total 206,100 lbs, 202,100 40/70 Ottawa, 4,000 lbs 20/40 Super LC. Pumped 0.5 ppa to 2.0 ppa in 4,355 bbls of fluid. Total fluid pumped 6,140 bbls.

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

Total fluid used in treatment (bbl): <u>6140</u>	Max pressure during treatment (psi): <u>6300</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.34</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.89</u>
Total acid used in treatment (bbl): <u>0</u>	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): <u>0</u>	Flowback volume recovered (bbl): <u>1117</u>
Fresh water used in treatment (bbl): <u>6140</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>204081</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>01/13/2012</u>	Hours: <u>24</u>	Bbl oil: <u>156</u>	Mcf Gas: <u>109</u>	Bbl H2O: <u>0</u>
Calculated 24 hour rate:	Bbl oil: <u>156</u>	Mcf Gas: <u>109</u>	Bbl H2O: <u>0</u>	GOR: <u>0</u>
Test Method: <u>Test Separator</u>	Casing PSI: <u>1840</u>	Tubing PSI: <u>1480</u>	Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1254</u>	API Gravity Oil: <u>48</u>	
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:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Shannon Hartnett

Title: Reg. Compl. Spec. Date: _____ Email shartnett@gwogco.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)