

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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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: 1700 BROADWAY SUITE 650  
City: DENVER State: CO Zip: 80290  
4. Contact Name: Shannon Hartnett  
Phone: (303) 830-9893  
Fax: \_\_\_\_\_

5. API Number 05-123-33239-00  
6. County: WELD  
7. Well Name: Fritzler  
Well Number: 8-8-17  
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>12/18/2011</u>		End Date: <u>12/18/2011</u>		Date of First Production this formation: <u>01/12/2012</u>	
Perforations	Top: <u>7256</u>	Bottom: <u>7272</u>	No. Holes: <u>29</u>	Hole size: <u>7/20</u>	

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

Codell frac Slickwater Treatment  
 ISIP: 3,587 psi, 1 min: 3,550 psi, 5 min: 3,474 psi, FG: 0.933 psi/ft, Leak off: 22.6 psi/min. ATP: 5565 psi, ATR: 60.9 bpm, MTP: 6183 psi, MTR: 64.5 bpm. Cln Fluid: 4149 bbls, 115,000 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>4149</u>	Max pressure during treatment (psi): <u>6183</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>761</u>
Fresh water used in treatment (bbl): <u>4149</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>115000</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>01/13/2011</u>	Hours: <u>24</u>	Bbl oil: <u>111</u>	Mcf Gas: <u>68</u>	Bbl H2O: <u>0</u>
Calculated 24 hour rate:	Bbl oil: <u>111</u>	Mcf Gas: <u>68</u>	Bbl H2O: <u>0</u>	GOR: <u>0</u>
Test Method: <u>Test Separator</u>	Casing PSI: <u>1880</u>	Tubing PSI: <u>1400</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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION  
Treatment Date: 01/10/2012 End Date: 01/10/2012 Date of First Production this formation: 01/12/2012  
Perforations Top: 6934 Bottom: 7140 No. Holes: 23 Hole size: 7/20  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Niobrara frac Slickwater Treatment  
Niobrara frac Treatment Totals: Total 200,300 lbs 40/70 Ottawa, 4,000 lbs 20/40 SLC Pumped 0.5 ppa to 2.0 ppa in 4255.4 bbls of fluid.  
Total fluid pumped 5822.1 bbls.

This formation is commingled with another formation: ☒ Yes ☐ No  
Total fluid used in treatment (bbl): 5822 Max pressure during treatment (psi): 6060  
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): 0.91  
Total acid used in treatment (bbl): 0 Number of staged intervals: 1  
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 927  
Fresh water used in treatment (bbl): 5822 Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 206000 Rule 805 green completion techniques were utilized: ☒  
Reason why green completion not utilized: \_\_\_\_\_

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

**Test Information:**

Date: 01/13/2011 Hours: 24 Bbl oil: 111 Mcf Gas: 68 Bbl H2O: 0  
Calculated 24 hour rate: Bbl oil: 111 Mcf Gas: 68 Bbl H2O: 0 GOR: 0  
Test Method: Test Separator Casing PSI: 1880 Tubing PSI: 1400 Choke Size: 12/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1254 API Gravity Oil: 48  
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)