

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/18/2011 End Date: 12/18/2011 Date of First Production this formation: 01/12/2012

Perforations Top: 7256 Bottom: 7272 No. Holes: 29 Hole size: 7/20

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: Yes 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)