

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  
2. Name of Operator: GREAT WESTERN OPERATING COMPANY LLC  
3. Address: 1700 BROADWAY SUITE 650  
City: DENVER State: CO Zip: 80290  
4. Contact Name: Callie Fiddes  
Phone: (303) 398-0550  
Fax: (866) 742-1784

5. API Number 05-123-33000-00  
6. County: WELD  
7. Well Name: LAMB  
Well Number: 33-53  
8. Location: QtrQtr: NESW Section: 33 Township: 7N Range: 65W Meridian: 6  
9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/11/2011 End Date: 06/11/2011 Date of First Production this formation: 08/01/2011

Perforations Top: 7144 Bottom: 7156 No. Holes: 48 Hole size: 7/20

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

4120 bbls slickwater, 115,000 lbs 30/50 sand.  
Spearhead 500 bbls 7% KCL ahead of frac.

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

Total fluid used in treatment (bbl): 4120 Max pressure during treatment (psi): 5787

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): 0.85

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 610

Fresh water used in treatment (bbl): 4120 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 115040 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 Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 08/01/2011

Perforations Top: 6852 Bottom: 7156 No. Holes: 228 Hole size: 7/20

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: 08/01/2011 Hours: 24 Bbl oil: 221 Mcf Gas: 64 Bbl H2O: 4

Calculated 24 hour rate: Bbl oil: 221 Mcf Gas: 64 Bbl H2O: 0 GOR: 291

Test Method: Test Separator Casing PSI: 275 Tubing PSI: 950 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1226 API Gravity Oil: 44

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: PRODUCING Treatment Type: FRACTURE STIMULATION  
Treatment Date: 07/13/2011 End Date: 07/13/2011 Date of First Production this formation: 08/01/2011  
Perforations Top: 6852 Bottom: 6989 No. Holes: 180 Hole size: 7/20

Provide a brief summary of the formation treatment:

Open Hole: ☐

6500 bbls slickwater and 201,320 lbs 30/50 sand and 4,000 lbs 20/40 SLC.  
Spearhead 1000 gals. of acid and start 500 bbls KCl ahead of frac

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

Total fluid used in treatment (bbl): 6095

Max pressure during treatment (psi): 5441

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 8.70

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.94

Total acid used in treatment (bbl): 0

Number of staged intervals: 1

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 610

Fresh water used in treatment (bbl): 6095

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 209320

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.

Comment:

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

Signed: Print Name: Callie Fiddes  
Title: Regulatory Tech Date: Email: regulatorypermitting@gwogco.com

#### Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)