

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



Table with columns DE, ET, OE, ES

Document Number: 400265383 Date Received: 09/25/2013

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: 1801 BROADWAY #500 City: DENVER State: CO Zip: 80202 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: WATTENBERG Field Code: 90750

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: [X] Yes [ ] No Total fluid used in treatment (bbl): 4620 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): 500 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: [X] 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: NIORARA-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](http://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): 7595 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): 1500 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): 205320 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: 9/25/2013 Email: regulatorypermitting@gwogco.com

**Attachment Check List**

Att Doc Num	Name
400265383	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date
Permit	Corrected water/acid and sand totals. Ready to pass.	10/29/2013 2:58:13 PM

Total: 1 comment(s)