

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:
400486260

Date Received:
09/26/2013

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: <u>10110</u>	4. Contact Name: <u>Callie Fiddes</u>
2. Name of Operator: <u>GREAT WESTERN OPERATING COMPANY LLC</u>	Phone: <u>(303) 398-0550</u>
3. Address: <u>1801 BROADWAY #500</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>regulatorypermitting@gwogco.com</u>

5. API Number <u>05-123-35598-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>HCW FD</u>	Well Number: <u>24-20D</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>24</u> Township: <u>6N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/17/2012 End Date: 12/17/2012 Date of First Production this formation: 12/22/2012
Perforations Top: 7259 Bottom: 7274 No. Holes: 42 Hole size: 7/20

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

Codell frac Treatment Totals: Total 115,000 lbs 30/50 Ottawa, Pumped 0.5 ppa to 2.0 ppa in 2353 bbls of fluid. Total fluid pumped 3798.9 bbls.
MIRU Mesa WL RU Lubricator to Frac Manifold, PU & RIH 4 1/2" CBP & 20' x 3 1/8" 3SPF Casing Gun, RIH correlate depth, Set CBP @ 7190', PUH & correlate depth

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>3798</u>	Max pressure during treatment (psi): <u>5636</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.70</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.90</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>1334</u>
Fresh water used in treatment (bbl): <u>3798</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: _____ 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: 12/22/2012

Perforations Top: 6948 Bottom: 7274 No. Holes: 86 Hole size: 7/20

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

No packer used

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: 12/22/2012 Hours: 24 Bbl oil: 144 Mcf Gas: 48 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 144 Mcf Gas: 48 Bbl H2O: 1 GOR: 334

Test Method: Test Separator Casing PSI: 650 Tubing PSI: 1300 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1327 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7246 Tbg setting date: 10/26/2012 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: 12/17/2012 End Date: 12/17/2012 Date of First Production this formation: 12/22/2012
Perforations Top: 6948 Bottom: 7159 No. Holes: 44 Hole size: 7/20

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

Niobrara frac Treatment Totals: Total 200,160 lbs 40/70 Ottawa, 4,000 lbs 20/40 SLC Pumped 0.6 ppa to 2.1 ppa in 3927 bbls of fluid. Total fluid pumped 5388.6 bbls.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 5388 Max pressure during treatment (psi): 6004

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): 0.92

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1334

Fresh water used in treatment (bbl): 5388 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 200160 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: 9/26/2013 Email: regulatorypermitting@gwogco.com

Attachment Check List

Att Doc Num	Name
400486260	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Codell perf top is not in the codell formationas stated in the form 5 Doc 400492032. Opr notified.	1/7/2014 1:39:17 PM
Permit	Narrative for treatment missing.Pushing form back to draft.	10/30/2013 2:16:14 PM

Total: 2 comment(s)