

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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, reoperation 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: Email: regulatorypermitting@gwogco.com

5. API Number 05-123-28140-00 6. County: WELD 7. Well Name: Manenti Well Number: 20-54 8. Location: QtrQtr: SESE Section: 20 Township: 7N Range: 66W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/13/2011 End Date: 11/13/2011 Date of First Production this formation: 01/16/2012 Perforations Top: 7444 Bottom: 7460 No. Holes: 36 Hole size: 7/20

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

Treatment Totals: Total 115,740 lbs, 115,740 30/50 Ottawa. Pumped 0.5 ppa to 2.0 ppa in 2,683 bbls of fluid. Total fluid pumped 4,164.2 bbls.

This formation is commingled with another formation: [X] Yes [] No Total fluid used in treatment (bbl): 4164 Max pressure during treatment (psi): 5826 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): 0.87 Total acid used in treatment (bbl): 0 Number of staged intervals: 1 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 856 Fresh water used in treatment (bbl): 4164 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 115740 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: 01/09/2012

Perforations Top: 7136 Bottom: 7460 No. Holes: 365 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: 01/17/2012 Hours: 24 Bbl oil: 40 Mcf Gas: 28 Bbl H2O: 2

Calculated 24 hour rate: Bbl oil: 40 Mcf Gas: 28 Bbl H2O: 0 GOR: 700

Test Method: Test Separator Casing PSI: 1350 Tubing PSI: 809 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1264 API Gravity Oil: 42

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: 12/28/2011 End Date: 12/28/2011 Date of First Production this formation: 01/16/2012
Perforations Top: 7136 Bottom: 7365 No. Holes: 329 Hole size: 7/20

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

Total Fluid: 5870.1 bbls, Total Proppant: 204,360 lbs, Total 40/70 proppant: 200,360 lbs, Total 20/40 super LC proppant: 4000 lbs, ATP: 5086 psi, MTP: 6140 psi, ATR: 58.6 bpm, MTR: 59.4 bpm

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 5870 Max pressure during treatment (psi): 6140

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): 1.00

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 856

Fresh water used in treatment (bbl): 5870 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 204360 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.

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: 9/11/2013 Email: regulatorypermitting@gwogco.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 400476424, FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date. Row 1: Permit, Received frac summaries. Corrected Niobrara proppant typo. Ready to pass., 2/21/2014 7:58:04 AM. Row 2: Permit, On hold. WO frac summaries., 9/27/2013 1:27:01 PM

Total: 2 comment(s)