

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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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 4. Contact Name: Shannon Hartnett
 2. Name of Operator: GREAT WESTERN OPERATING COMPANY LLC Phone: (303) 398-0351
 3. Address: 1801 BROADWAY #500 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: regulatorypermitting@gwogco.com

5. API Number 05-123-34628-00 6. County: WELD
 7. Well Name: MANENTI Well Number: 20-34
 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: 7624 Bottom: 7638 No. Holes: 33 Hole size: 7/20

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

Pumped 4140 bbls clean fluid, 115,680 lbs 30/50 white sand, ATP: 5727 psi, ATP: 60.5 bpm, MTP: 6205 psi, MTR: 60.8.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 4140 Max pressure during treatment (psi): 6205

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): 0.88

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1105

Fresh water used in treatment (bbl): 4140 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 115680 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: NIORARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: _____ End Date: _____ Date of First Production this formation: 01/16/2012

Perforations Top: 7319 Bottom: 7638 No. Holes: 329 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: 22 Mcf Gas: 28 Bbl H2O: 2

Calculated 24 hour rate: Bbl oil: 22 Mcf Gas: 28 Bbl H2O: 0 GOR: 1273

Test Method: Test Separator Casing PSI: 1325 Tubing PSI: 1170 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1264 API Gravity Oil: 43

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: 7319 Bottom: 7540 No. Holes: 296 Hole size: 7/20

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

Total proppant: 206320 lbs, 202,320 lbs 40/70 White – 4,000 20/40 Resin – Slickwater Total fluid pumped 6079 bbls.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 6079 Max pressure during treatment (psi): 6195

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): 0.99

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1105

Fresh water used in treatment (bbl): 6079 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 206320 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: Shannon Hartnett
 Title: Reg. Compl. Spec. Date: 9/5/2013 Email: regulatorypermitting@gwogco.com

Attachment Check List

Att Doc Num	Name
400477024	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Received frac summaries. Corrected Niobrara proppant typo. Ready to pass.	2/21/2014 8:01:43 AM
Permit	Missing frac summaries for Niobrara and Codell.	9/9/2013 3:43:20 PM

Total: 2 comment(s)