

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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09/05/2013

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: Shannon Hartnett
Phone: (303) 398-0351
Fax:
Email: regulatorypermitting@gwogco.com

5. API Number 05-123-33246-00
6. County: WELD
7. Well Name: Fritzler
Well Number: 6-8-17
8. Location: QtrQtr: SESE Section: 17 Township: 6N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/17/2011 End Date: 12/17/2011 Date of First Production this formation: 01/12/2012

Perforations Top: 7243 Bottom: 7252 No. Holes: 36 Hole size: 7/20

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

Total Fluid: 4132 bbls, Total proppant 115,240 lbs 30/50 white sand.

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

Total fluid used in treatment (bbl): 4132

Max pressure during treatment (psi): 5581

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): 0.90

Total acid used in treatment (bbl): 0

Number of staged intervals: 1

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 609

Fresh water used in treatment (bbl): 4132

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 115240

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: 01/12/2012

Perforations Top: 6975 Bottom: 7252 No. Holes: 51 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: 01/13/2012 Hours: 24 Bbl oil: 124 Mcf Gas: 43 Bbl H2O: 156

Calculated 24 hour rate: Bbl oil: 124 Mcf Gas: 43 Bbl H2O: 156 GOR: 347

Test Method: Test Separator Casing PSI: 1950 Tubing PSI: 700 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1254 API Gravity Oil: 48

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: 12/21/2011 End Date: 12/21/2011 Date of First Production this formation: 01/12/2012

Perforations Top: 6975 Bottom: 7168 No. Holes: 15 Hole size: 7/20

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

Total Fluid: 5915.4 bbls, Total Proppant: 205,260 lbs, Total 40/70 proppant: 201,260 lbs, Total 20/40 super LC proppant: 4000 lbs, ATP: 4815 psi, MTP: 6266 psi, ATR: 58.3 bpm, MTR: 59.0 bpm

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

Total fluid used in treatment (bbl): 5915 Max pressure during treatment (psi): 6266

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): 0.94

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 976

Fresh water used in treatment (bbl): 5915 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 205260 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**

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Form 5 approved. Received frac summaries. Corrected Niobrara proppant typo. Ready to pass	2/21/2014 8:07:00 AM
Permit	WO form 5.	9/17/2013 3:51:29 PM

Total: 2 comment(s)