

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, 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 05-123-32829-00
6. County: WELD
7. Well Name: HOOD Well Number: 41-20
8. Location: QtrQtr: NENE Section: 20 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: 01/06/2012 End Date: 01/06/2012 Date of First Production this formation: 01/19/2012
Perforations Top: 7169 Bottom: 7182 No. Holes: 30 Hole size: 7/20

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

Total 115,500 lbs 30/50 Ottawa, Pumped 0.5 ppa to 2.0 ppa in 2541 bbls of fluid. Total fluid pumped 4032 bbls.

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

Total fluid used in treatment (bbl): 4032 Max pressure during treatment (psi): 5985
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): 0.81
Total acid used in treatment (bbl): 0 Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 747
Fresh water used in treatment (bbl): 4032 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 115500 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: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: _____ End Date: _____ Date of First Production this formation: 01/19/2012

Perforations Top: 6853 Bottom: 7182 No. Holes: 54 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: 01/20/2012 Hours: 24 Bbl oil: 91 Mcf Gas: 93 Bbl H2O: 15

Calculated 24 hour rate: Bbl oil: 91 Mcf Gas: 93 Bbl H2O: 2 GOR: 1022

Test Method: Test Separator Casing PSI: 1890 Tubing PSI: 1000 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1283 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7159 Tbg setting date: 11/13/2012 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: 01/06/2012 End Date: 01/06/2012 Date of First Production this formation: 01/19/2012
Perforations Top: 6853 Bottom: 7086 No. Holes: 24 Hole size: 7/20

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

Total 204,600 lbs 40/70 Ottawa. Total fluid pumped 5850.6 bbls.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>5851</u>	Max pressure during treatment (psi): <u>6086</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.34</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.93</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>747</u>
Fresh water used in treatment (bbl): <u>5851</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>204600</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.

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: 9/6/2013 Email: regulatorypermitting@gwogco.com

Attachment Check List

Att Doc Num	Name
400477223	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Tubing parameters given by opr.	3/6/2014 3:49:09 PM
Permit	Second request for tubing parameters.	5/12/2014 3:48:08 PM
Permit	Tubing pressure entered? No other tubing parameters.	2/21/2014 8:56:21 AM

Total: 3 comment(s)