

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:

400477223

Date Received:

09/06/2013

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 05-123-32829-00
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: ☒ 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: ☒

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): 5851

Max pressure during treatment (psi): 6086

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): 0.93

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): 5851

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 204600

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: 9/6/2013 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)