

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: 401000904

Date Received:

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: Miracle Pfister
 2. Name of Operator: GREAT WESTERN OPERATING COMPANY LLC Phone: (303) 398-0550
 3. Address: 1801 BROADWAY #500 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: regulatorypermitting@gwogco.com

5. API Number 05-123-24285-00 6. County: WELD
 7. Well Name: GREAT WESTERN Well Number: 27-34
 8. Location: QtrQtr: NESE Section: 27 Township: 6N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/20/2012 End Date: 01/20/2012 Date of First Production this formation: 06/14/2007
 Perforations Top: 7246 Bottom: 7266 No. Holes: 160 Hole size: 0.38

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

ReFrac Perf 7246-7266 Codell Re-frac Treatment Totals: Total propanant 151,040 lbs 30/50 Ottawa, 4,000 lbs 20/40 Super LC. Pumped 0.5 ppa to 2.0 ppa in 3,310 bbls of slickwater. Total fluid pumped 4,960 bbls.

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): 4960 Max pressure during treatment (psi): 4957
 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): 0.80
 Total acid used in treatment (bbl): 0 Number of staged intervals: 1
 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 352
 Fresh water used in treatment (bbl): 4960 Disposition method for flowback: DISPOSAL
 Total propanant used (lbs): 155040 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: 06/27/2007

Perforations Top: 6928 Bottom: 7266 No. Holes: 344 Hole size: 0.38

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: 01/31/2012 Hours: 24 Bbl oil: 7 Mcf Gas: 13 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 7 Mcf Gas: 13 Bbl H2O: 0 GOR: 1857

Test Method: Flowing Casing PSI: 1200 Tubing PSI: 1150 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1316 API Gravity Oil: 45

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7234 Tbg setting date: 01/24/2012 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.

Comment:

This Form 5A is for a Codell refrac performed on 1/20/2012.
The date of first production has been updated to show the correct date.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Jack Desmond

Title: Regulatory Analyst Date: _____ Email: jdesmond@gwogco.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)