

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) 892-1099		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <p style="text-align: center;">402377308</p> Date Received:				
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: <u>10110</u> 2. Name of Operator: <u>GREAT WESTERN OPERATING COMPANY LLC</u> 3. Address: <u>1001 17TH STREET #2000</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	4. Contact Name: <u>Renee Kendrick</u> Phone: <u>(720) 595-2114</u> Fax: _____ Email: <u>rkendrick@gwogco.com</u>
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5. API Number <u>05-123-07596-00</u> 7. Well Name: <u>PIERCE UNIT</u> 8. Location: QtrQtr: <u>SWSW</u> Section: <u>23</u> Township: <u>8N</u> Range: <u>66W</u> Meridian: <u>6</u> 9. Field Name: <u>PIERCE</u> Field Code: <u>69000</u>	6. County: <u>WELD</u> Well Number: <u>2</u>
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Completed Interval

FORMATION: <u>LYONS</u>	Status: <u>TEMPORARILY ABANDONED</u>	Treatment Type: _____
Treatment Date: _____	End Date: _____	Date of First Production this formation: <u>01/25/1973</u>
Perforations Top: <u>9144</u>	Bottom: <u>9188</u>	No. Holes: <u>88</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input 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: On 4/1/20, a CIBP was set @ 9090' with 4 sx of cement for a MIT. The plug was left downhole after the test. This well is closed to atmosphere by 5K wellhead. This well will be evaluated for leasehold or P&A'ed as budget allows.

Date formation Abandoned: <u>04/01/2020</u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt: _____
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** Bridge Plug Depth: 9090 ** Sacks cement on top: 4 ** Wireline and Cement Job Summary must be attached.

Comment:

Great Western was not the original operator of the Pierce Unit 2. Available records do not report the number of holes and hole size. The number of holes was estimated based on the completion report on file.

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

Signed: _____ Print Name: Renee Kendrick

Title: SR Regulatory Analyst Date: _____ Email rkendrick@gwp.com

Attachment Check List

Att Doc Num **Name**

402377499	WIRELINE JOB SUMMARY
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)