

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:

401872114

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
2. Name of Operator: GREAT WESTERN OPERATING COMPANY LLC
3. Address: 1001 17TH STREET #2000
City: DENVER State: CO Zip: 80202
4. Contact Name: Miracle Pfister
Phone: (720) 595-2250
Fax:
Email: regulatorypermitting@gwogco.com

5. API Number 05-123-36324-00
6. County: WELD
7. Well Name: Campbell JF
Well Number: 17-41D
8. Location: QtrQtr: SWNE Section: 17 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/23/2013 End Date: 05/23/2013 Date of First Production this formation: 06/20/2013

Perforations Top: 7462 Bottom: 7474 No. Holes: 48 Hole size: 0.42

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

Total 92,080 lbs 20/40 White Sand, & 4,000 lbs 20/40 SLC. Slickwater pumped 2581 bbls. Flowback determined from well test separator.

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

Total fluid used in treatment (bbl): 2581 Max pressure during treatment (psi): 5208

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: Min frac gradient (psi/ft): 0.86

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 763

Fresh water used in treatment (bbl): 2581 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 96080 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: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 06/20/2013

Perforations Top: 7238 Bottom: 7474 No. Holes: 138 Hole size: 0.42

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: 06/22/2013 Hours: 24 Bbl oil: 65 Mcf Gas: 237 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 65 Mcf Gas: 237 Bbl H2O: 1 GOR: 3646

Test Method: Flowing Casing PSI: 990 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1263 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7447 Tbg setting date: 08/06/2013 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: 05/23/2013 End Date: 05/23/2013 Date of First Production this formation: 06/20/2013
 Perforations Top: 7238 Bottom: 7364 No. Holes: 90 Hole size: 0.42
 Provide a brief summary of the formation treatment: Open Hole: ☐

Total 200,560 lbs 40/70 White Sand, 4,000 lbs 20/40 SLC. Pumped 24 bbls 15% HCl. Slickwater pumped 5383 bbls. Flowback determined from well test separator.

This formation is commingled with another formation: ☒ Yes ☐ No
 Total fluid used in treatment (bbl): 5407 Max pressure during treatment (psi): 4665
 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.33
 Type of gas used in treatment: Min frac gradient (psi/ft): 0.86
 Total acid used in treatment (bbl): 24 Number of staged intervals: 1
 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 763
 Fresh water used in treatment (bbl): 5383 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 204560 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:

This Form 5A is for the original Niobrara and Codell completion performed on 5/23/2013.

No tubing was set at the time of the well test.

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)