

**FORM
5A**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2553525

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: JEFF REALE
2. Name of Operator: GREAT WESTERN OIL & GAS COMPANY LLC Phone: _____
3. Address: 503 MAIN ST Fax: _____
City: WINDSOR State: CO Zip: 80550

5. API Number 05-123-29046-00 6. County: WELD
7. Well Name: GREAT WESTERN Well Number: 27-52
8. Location: QtrQtr: SENW Section: 27 Township: 6N Range: 67W Meridian: 6

Completed Interval

FORMATION: <u>NIOBARRA-CODELL</u>		Status: <u>N/A</u>	
Treatment Date: <u>02/12/2010</u>		Date of First Production this formation: <u>02/12/2010</u>	
Perforations	Top: <u>7020</u> Bottom: <u>7364</u>	No. Holes: _____	Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>PERF NB-A 7020-7030, 40 HLS, NB-B 7136-7146, 112 HLS, FRAC'D NB W/174594 GALS DYNAFLOW 2WR IN 238000# 30/50 & 12000# 20/40 SAND 1/19/10. PERF CD 7341-7364 92 SHTS, FRAC CD W/173418 GALS IN 111620# 30/50 MESH 10/15/09.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>02/17/2010</u>	Hours: <u>24</u>	Bbls oil: <u>39</u>	Mcf Gas: <u>55</u> Bbls H2O: <u>5</u>
Calculated 24 hour rate:		Bbls oil: <u>39</u>	Mcf Gas: <u>55</u> Bbls H2O: <u>5</u> GOR: <u>1410</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1000</u>	Tubing PSI: <u>800</u>	Choke Size: _____
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1242</u>	API Gravity Oil: <u>47</u>
Tubing Size: <u>2.375</u>	Tubing Setting Depth: <u>7325</u>	Tbg setting date: <u>02/12/2010</u>	Packer Depth: _____
Reason for Non-Production: _____			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

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

Signed: _____ Print Name: JEFF REALETitle: VP OPERATIONS Date: 3/19/2010 Email: JREALE@GWOGCO.COM

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

David S. Nestor

Director of COGCC

Date: 6/21/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2553525	FORM 5A SUBMITTED	LF@2473382 2553525
2553526	WELLBORE DIAGRAM	LF@2473383 2553526

Total Attach: 2 Files