

FORM  
5A  
Rev  
02/08

State 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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COMPLETED INTERVAL REPORT

Document Number:  
2553525

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 OIL & GAS COMPANY LLC  
3. Address: 503 MAIN ST  
City: WINDSOR State: CO Zip: 80550  
4. Contact Name: JEFF REALE  
Phone:  
Fax:

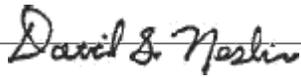
5. API Number 05-123-29046-00  
6. County: WELD  
7. Well Name: GREAT WESTERN  
Well Number: 27-52  
8. Location: QtrQtr: SENW Section: 27 Township: 6N Range: 67W Meridian: 6

Completed Interval

FORMATION: NIOBRARA-CODELL Status: N/A  
Treatment Date: 02/12/2010 Date of First Production this formation: 02/12/2010  
Perforations Top: 7020 Bottom: 7364 No. Holes: Hole size:  
Provide a brief summary of the formation treatment: Open Hole:   
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.  
This formation is commingled with another formation:  Yes  No  
Test Information:  
Date: 02/17/2010 Hours: 24 Bbls oil: 39 Mcf Gas: 55 Bbls H2O: 5  
Calculated 24 hour rate: Bbls oil: 39 Mcf Gas: 55 Bbls H2O: 5 GOR: 1410  
Test Method: FLOWING Casing PSI: 1000 Tubing PSI: 800 Choke Size:  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 47  
Tubing Size: 2.375 Tubing Setting Depth: 7325 Tbg setting date: 02/12/2010 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:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.  
Signed: Print Name: JEFF REALE  
Title: 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.

**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