

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:

2510205

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: (970) 686-8831
Fax: (866) 413-3354

5. API Number 05-123-26339-00
6. County: WELD
7. Well Name: GREAT WESTERN
Well Number: 35-31
8. Location: QtrQtr: SWSE Section: 26 Township: 6N Range: 67W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 06/01/2010 Date of First Production this formation: 06/02/2010

Perforations Top: 7008 Bottom: 7152 No. Holes: 144 Hole size:

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

FRAC NIOBRARA WITH 4000 BBLs DYNAFLOW 2 WR FLUID 245,000# 30/50 AND;12,000# 20/40 RESIN COATED SAND. SPEARHEAD 24 BBLs 15% ACID AHEAD OF FRAC AND 500 BBLs 7% KCL IN PRE-PAD. TREAT AT AN AVERAGE OF 4559 PSI 62 BPM. MAX PRESURE 6183 PS. MAX RATE 65.8 BMP.

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 06/05/2010 Hours: 24 Bbls oil: 20 Mcf Gas: 3 Bbls H2O: 26

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: 1650

Test Method: FLOWING Casing PSI: 160 Tubing PSI: Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 6

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: 7250 Sacks cement on top:

Comment:

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: 7/16/2010 Email: JREALE@GWOGCO.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved:

David S. Neslin

Director of COGCC

Date: 11/19/2010

Attachment Check List

Att Doc Num	Name
2510205	FORM 5A SUBMITTED
2510206	WELLBORE DIAGRAM

Total Attach: 2 Files