

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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Document Number:

2510205

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: (970) 686-8831
3. Address: 503 MAIN ST Fax: (866) 413-3354
City: WINDSOR State: CO Zip: 80550

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: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>06/01/2010</u>	Date of First Production this formation: <u>06/02/2010</u>
Perforations Top: <u>7008</u> Bottom: <u>7152</u>	No. Holes: <u>144</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
FRAC NIOBRARA WITH 4000 BBLS DYNAFLOW 2 WR FLUID 245,000# 30/50 AND;12,000# 20/40 RESIN COATED SAND. SPEARFHEAD 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>06/05/2010</u> Hours: <u>24</u> Bbls oil: <u>20</u> Mcf Gas: <u>3</u> Bbls H2O: <u>26</u>	
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: <u>1650</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>160</u> Tubing PSI: _____ Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1242</u> API Gravity Oil: <u>6</u>	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: <u>7250</u> 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