

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:

2510207

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 05-123-26338-00 6. County: WELD  
 7. Well Name: GREAT WESTERN Well Number: 35-41  
 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: 7076 Bottom: 7226 No. Holes: 152 Hole size: 38/100  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 FRAC NIOBRARA WITH 4193 BBLs DYNAFLOW 2 WR FLUID; 238,000# 30/50 SAND; 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 4691 PSI 60.6 BPM. MAX PRESSURE 6238PSI. MAX RATE 60.8 BPM.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 06/05/2010 Hours: 24 Bbls oil: 20 Mcf Gas: 31 Bbls H2O: 25  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: 1550  
 Test Method: FLOWING Casing PSI: 160 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 46  
 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: 7310 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: MIRACLE PFISTER  
 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
2510207	FORM 5A SUBMITTED
2510208	WELLBORE DIAGRAM

Total Attach: 2 Files