

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:

400089756

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 05-123-25480-00 6. County: WELD
7. Well Name: TATMAN Well Number: 34-13
8. Location: QtrQtr: NWSW Section: 34 Township: 7N Range: 64W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBARRA-CODELL Status: PRODUCING
Treatment Date: 07/15/2010 Date of First Production this formation: 07/20/2010
Perforations Top: 6800 Bottom: 7112 No. Holes: 228 Hole size: 38/100
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
ran tubing to commingle Niobrara and Codell formations
This formation is commingled with another formation: ☒ Yes ☐ No
Test Information:
Date: 08/04/2010 Hours: 24 Bbls oil: 33 Mcf Gas: 70 Bbls H2O: 2
Calculated 24 hour rate: _____ Bbls oil: 33 Mcf Gas: 70 Bbls H2O: 2 GOR: 2121
Test Method: Flowing Casing PSI: 1100 Tubing PSI: 800 Choke Size: _____
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 44
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7088 Tbg setting date: 07/15/2010 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: _____

Comment:

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

Signed: _____ Print Name: Lisa Pfizenmaier
Title: Permitting Technician Date: 9/1/2010 Email: lpfizenmaier@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 G. Neslin

Director of COGCC

Date: 11/19/2010

Attachment Check List

Att Doc Num	Name
400089756	FORM 5A SUBMITTED
400089759	WELLBORE DIAGRAM

Total Attach: 2 Files