

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:

2511038

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: _____
3. Address: 503 MAIN ST Fax: _____
City: WINDSOR State: CO Zip: 80550

5. API Number 05-123-25918-00 6. County: WELD
7. Well Name: HARRELL Well Number: 4-12
8. Location: QtrQtr: SWNW Section: 4 Township: 5N Range: 65W Meridian: 6
9. Field Name: GREELEY Field Code: 32760

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 06/24/2010 Date of First Production this formation: 06/25/2010
Perforations Top: 6720 Bottom: 7050 No. Holes: 312 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
commingle nb& cd
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 07/09/2010 Hours: 24 Bbls oil: 33 Mcf Gas: 96 Bbls H2O: 1
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 2909
Test Method: FLOWING Casing PSI: 800 Tubing PSI: 650 Choke Size: _____
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 53
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7022 Tbg setting date: 06/24/2010 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: JEFF REALE
Title: VP OPERATIONS Date: 7/22/2010 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 G. Neslin
Director of COGCC

Date: 11/23/2010

Attachment Check List

Att Doc Num	Name
2511038	FORM 5A SUBMITTED
2511039	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)