

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:

2511044

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) 6868831
Fax: (866) 4133354

5. API Number 05-123-25447-00
6. County: WELD
7. Well Name: CACHE
Well Number: 17-21
8. Location: QtrQtr: NENW Section: 17 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 06/09/2010 Date of First Production this formation: 06/09/2010
Perforations Top: 6512 Bottom: 6808 No. Holes: 304 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: 06/18/2010 Hours: 24 Bbls oil: 25 Mcf Gas: 98 Bbls H2O: 10
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: 3920
Test Method: FLOWING Casing PSI: 850 Tubing PSI: 725 Choke Size:
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 45
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6791 Tbg setting date: 06/09/2010 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 S. Neslin*

Director of COGCC

Date: 11/23/2010

**Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 2511044     | FORM 5A SUBMITTED |
| 2511045     | WELLBORE DIAGRAM  |

Total Attach: 2 Files

**General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
|--------------------------|-----------------------|----------------------------|
|                          |                       |                            |

Total: 0 comment(s)