

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:

2511044

**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) 6868831  
3. Address: 503 MAIN ST Fax: (866) 4133354  
City: WINDSOR State: CO Zip: 80550

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 G. 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**

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

Total: 0 comment(s)