

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:

2555875

## 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            05-123-25918-00

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 Status: COMMINGLED

Treatment Date:	04/28/2010	Date of First Production this formation:	04/29/2010
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Perforations	Top:	6720	Bottom:	6880	No. Holes:	248	Hole size:	38/100
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Provide a brief summary of the formation treatment: Open Hole: ☐

FRAC NIOBRARA WITH 4152 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 AN AVERAGE OF 5353PSI 76.2 BPM. MAX PRESSURE 6183PSI. MAX RATE 76.5 BPM

This formation is commingled with another formation: ☒ Yes ☐ No

**Test Information:**

Date:	05/04/2010	Hours:	24	Bbls oil:	44	Mcf Gas:	162	Bbls H2O:	19
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Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	Bbls H2O:	GOR: 3682
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Test Method: FLOWING	Casing PSI: 650	Tubing PSI:	Choke Size: 12/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1242	API Gravity Oil:	50
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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: 6970      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: VICE PRESIDENT OPERATIONS      Date: 6/10/2010      Email: JREAL@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
2555875	FORM 5A SUBMITTED
2555876	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)