

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:

2555877

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) 686-8831
Fax: (866) 413-3354

5. API Number 05-123-25919-00
6. County: WELD
7. Well Name: HARRELL Well Number: 4-11
8. Location: QtrQtr: NWNW 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
Perforations Top: 6724 Bottom: 6874 No. Holes: 224 Hole size: 38/100
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 23.8 BBLs 15% ACID AHEAD OF FRAC AND 500 BBLs 7% KCL IN PRE-PAD. TREAT AN AVERAGE OF 5430PSI 76.1 BPM. MAX PRESSURE 6321PSI. MAX RATE 76.5 BPM
This formation is commingled with another formation: [X] Yes [] No
Test Information:
Date: 05/04/2010 Hours: 24 Bbls oil: 45 Mcf Gas: 163 Bbls H2O: 20
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: 3622
Test Method: FLOWING Casing PSI: 625 Tubing PSI: Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 50
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: 6950 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 |
|-------------|-------------------|
| 2555877 | FORM 5A SUBMITTED |
| 2555878 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|-----------------------|----------------------------|
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Total: 0 comment(s)