



## 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.

Document Number:

2555877

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            05-123-25919-00

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: ☒ 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> |
|-------------------|----------------|---------------------|
|                   |                |                     |

Total: 0 comment(s)