

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:

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**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 05-123-25424-00 6. County: WELD  
7. Well Name: PETERSON Well Number: 30-42  
8. Location: QtrQtr: SENE Section: 30 Township: 5N Range: 63W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING  
Treatment Date: 11/24/2008 Date of First Production this formation: 12/01/2008  
Perforations Top: 6454 Bottom: 6575 No. Holes: 128 Hole size: \_\_\_\_\_  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 12/08/2008 Hours: 24 Bbls oil: 25 Mcf Gas: 95 Bbls H2O: 2  
Calculated 24 hour rate: Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: 3800  
Test Method: PLUNGER LIFT Casing PSI: 1000 Tubing PSI: 250 Choke Size: \_\_\_\_\_  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 47  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6550 Tbg setting date: 11/25/2008 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: 7/14/2010 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 *David S. Neslin*

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: 12/2/2010

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)