

**FORM
5A**Rev
02/08State 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

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:

2511048

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 05-123-25754-00 6. County: WELD
7. Well Name: EDENS Well Number: 18-52
8. Location: QtrQtr: NWNW Section: 18 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBARRA</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>06/04/2010</u>	Date of First Production this formation: <u>06/05/2010</u>
Perforations Top: <u>6510</u> Bottom: <u>6646</u>	No. Holes: <u>240</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
FRAC NIOBARRA WITH 4049 BBL DYNAFLOW 2WR FLUID, 224,760# 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 AT AN AVERAGE OF 4456 PSI 60.3BPM, MAX PRESSURE 5725PSI, MAX RATE 61.5 BPM	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: _____ Hours: <u>24</u> Bbls oil: <u>54</u> Mcf Gas: <u>166</u> Bbls H2O: <u>11</u>	
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: <u>3074</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>375</u> Tubing PSI: _____ Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1242</u> API Gravity Oil: <u>46</u>	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: <u>6720</u> 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 REALETitle: 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 S. Neslin Director of COGCC Date: 12/7/2010

Attachment Check List

Att Doc Num	Name
2511048	FORM 5A SUBMITTED
2511049	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)