

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:

2511048

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) 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: NIOBRARA Status: COMMINGLED

Treatment Date: 06/04/2010 Date of First Production this formation: 06/05/2010

Perforations Top: 6510 Bottom: 6646 No. Holes: 240 Hole size: 38/100

Provide a brief summary of the formation treatment: Open Hole:

FRAC NIOBRARA 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: Yes No

Test Information:

Date: _____ Hours: 24 Bbls oil: 54 Mcf Gas: 166 Bbls H2O: 11

Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 3074

Test Method: FLOWING Casing PSI: 375 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 46

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: 6720 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: 7/22/2010 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)