

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; border: 1px solid black; padding: 5px;">1634599</div>				
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: <u>10110</u>	4. Contact Name: <u>JEFF REALE</u>
2. Name of Operator: <u>GREAT WESTERN OIL & GAS COMPANY LLC</u>	Phone: <u>(970) 686-8831</u>
3. Address: <u>503 MAIN ST</u>	Fax: <u>(866) 413-3354</u>
City: <u>WINDSOR</u> State: <u>CO</u> Zip: <u>80550</u>	

5. API Number <u>05-123-30738-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>HARRELL</u>	Well Number: <u>4-52</u>
8. Location: QtrQtr: <u>SWNW</u> Section: <u>4</u> Township: <u>5N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>GREELEY</u> Field Code: <u>32760</u>	

Completed Interval	
FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>01/18/2011</u>	Date of First Production this formation: <u>01/22/2011</u>
Perforations Top: <u>6724</u> Bottom: <u>7034</u>	No. Holes: <u>418</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>02/08/2011</u> Hours: <u>24</u> Bbls oil: <u>40</u> Mcf Gas: <u>167</u> Bbls H2O: <u>1</u>	
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: <u>4175</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1100</u> Tubing PSI: <u>900</u> Choke Size: _____	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1242</u> API Gravity Oil: <u>54</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7008</u> Tbg setting date: <u>01/19/2011</u> 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: _____ 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: 3/10/2011 Email JREALE@GWOGCO.COM

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

Attachment Check List

Att Doc Num	Name
1634599	FORM 5A SUBMITTED
1634600	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)