


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> Document Number: <div style="text-align: center; font-weight: bold;">1633427</div>	DE	ET	OE	ES																																				
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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.																																											
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IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>NIOBRARA</u>		Status: <u>COMMINGLED</u>		
Treatment Date: <u>10/13/2010</u>		Date of First Production this formation: <u>10/14/2010</u>		
Perforations	Top: <u>6628</u>	Bottom: <u>6762</u>	No. Holes: <u>144</u>	Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 5px;">FRAC NIOBRARA WITH 4151 BBLS DYNAFLOW 2 WR FLUID, 238,000#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 4473 PSI 64.1 BPM. MAX PRESSURE 6553 PSI. MAX RATE 67 BPM.</div>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Test Information:				
Date: <u>10/25/2010</u>	Hours: <u>24</u>	Bbls oil: <u>24</u>	Mcf Gas: <u>30</u>	Bbls H2O: <u>3</u>
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____ GOR: <u>1250</u>
Test Method: <u>FLOWING</u>		Casing PSI: <u>250</u>	Tubing PSI: _____	Choke Size: <u>14/64</u>
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1242</u>	API Gravity Oil: <u>45</u>
Tubing Size: _____		Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____	
Bridge Plug Depth: <u>6870</u>		Sacks cement on top: _____		

Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.			
Signed: _____		Print Name: <u>JEFF REALE</u>	
Title: <u>VP OPERATIONS</u>	Date: <u>1/27/2011</u>	Email <u>JREALE@GWOGCO.COM</u>	

Attachment Check List

Att Doc Num	Name
1633427	FORM 5A SUBMITTED
1633428	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)