

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

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 City: WINDSOR State: CO Zip: 80550 Fax: (866) 413-3354

5. API Number 05-123-29758-00 6. County: WELD
7. Well Name: HEINZE Well Number: 31-23
8. Location: QtrQtr: NESW Section: 31 Township: 7N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 09/15/2010 Date of First Production this formation: 09/17/2010
Perforations Top: 6912 Bottom: 6922 No. Holes: 40 Hole size: 19/50

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

FRAC CODELL WITH 4116 BBLS SLICKWATER AND 115,00# 30/50 SAND
SPEARHEAD 500 BBLS 7% KCL AHEAD OF FRAC
TREAT AT AN AVERAGE OF 4828 PSI 62.1 BPM MAX PRESSURE 5579 PSI MAX RATE 62.3 BPM

This formation is commingled with another formation: [ ] Yes [X] No

Test Information:

Date: 09/25/2010 Hours: 24 Bbls oil: 60 Mcf Gas: 43 Bbls H2O: 3
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: 717
Test Method: FLOWING Casing PSI: 400 Tubing PSI: Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 43
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: Sacks cement on top:

Comment:

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

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: VICE PRESIDENT OPERATIONS Date: 11/1/2010 Email JREALE@GWOGCO.COM  
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**Attachment Check List**

Att Doc Num	Name
2590688	FORM 5A SUBMITTED
2590689	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)