IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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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Document Number: 400142755

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
2. Name of Operator: GREAT WESTERN OIL & GAS COMPANY LLC
3. Address: 503 MAIN ST
City: WINDSOR State: CO Zip: 80550
4. Contact Name: Jeff Reale
Phone: (970) 6868831
Fax: (866) 4133354

5. API Number 05-123-31927-00
6. County: WELD
7. Well Name: COULSON
Well Number: 2-53
8. Location: QtrQtr: SESW Section: 2 Township: 4N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 12/15/2010 Date of First Production this formation: 12/27/2010

Perforations Top: 7198 Bottom: 7218 No. Holes: 80 Hole size: 38/100

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

Fracture the Codell with 4120 bbls Slickwater and 115,000# 30/50 sand. Spearhead 500 bbls 7% KCL ahead of frac. Treat at an average of 4415psi at 60.5 bpm. Max. Pressure: 5883psi Max. Rate: 60.7bpm

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 01/12/2011 Hours: 24 Bbls oil: 37 Mcf Gas: 221 Bbls H2O: 3

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: 5973

Test Method: flowing Casing PSI: 1200 Tubing PSI: Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 58

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:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Lisa Pfizenmaier

Title: Permitting Technician Date: 3/15/2011 Email: lpfizenmaier@gwogco.com

Attachment Check List

Att Doc Num	Name
400142755	FORM 5A SUBMITTED
400142763	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)