

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



DE ET OE ES

Document Number:
400165916

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: Lisa Pfizenmaier
Phone: (970) 686-8831
Fax: _____

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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/30/2011 Date of First Production this formation: 04/06/2011
Perforations Top: 6962 Bottom: 7218 No. Holes: 220 Hole size: 38/100

Provide a brief summary of the formation treatment: _____ Open Hole:
Ran tubing to commingle Niobrara and Codell formations

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/09/2011 Hours: 24 Bbls oil: 30 Mcf Gas: 132 Bbls H2O: 3
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 4400
Test Method: flowing Casing PSI: 850 Tubing PSI: 750 Choke Size: _____
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 51
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7188 Tbg setting date: 03/31/2011 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 02/23/2011 Date of First Production this formation: 02/24/2011
Perforations Top: 6962 Bottom: 7100 No. Holes: 140 Hole size: 38/100

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

Frac the Niobrara with 4069 bbls DynaFlow 2 WR in 238,000# 20/40 mesh and 12,000# 20/40 resin coated sand.
Spearhead 24 bbls of 15% acid ahead of frac and 500 bbls of 7% KCL in prepad
Treat at an average of 4691 psi at 55.4 bpm. Max. pressure 5601 psi Max. rate 62.9 bpm

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/09/2011 Hours: 24 Bbls oil: 50 Mcf Gas: 183 Bbls H2O: 3
Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 3660
Test Method: Flowing Casing PSI: 275 Tubing PSI: _____ Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 53
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:

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: Permit Technician Date: 5/18/2011 Email lpfizenmaier@gwogco.com

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400165916 | FORM 5A SUBMITTED |
| 400165925 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)