

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; font-weight: bold;">2591320</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>05-123-32190-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>CORNISH</u>	Well Number: <u>8-53</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>8</u> Township: <u>6N</u> Range: <u>63W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>10/06/2010</u>	Date of First Production this formation: <u>10/09/2010</u>
Perforations Top: <u>6802</u> Bottom: <u>6814</u>	No. Holes: <u>48</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:	
FRAC CODELL WITH 4017 BBLS SLICKWATER AND 115,000 # 30/50 SAND SPEARHEAD 500 BBLS 7% KCL AHEAD OF FRAC TREAT AT AN AVERAGE OF 4649 PSI 63.6 BPM MAX PRESSURE 5358 PSI MAX RATE 63.8 BPM	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>10/20/2010</u> Hours: <u>24</u>	Bbls oil: <u>52</u> Mcf Gas: <u>123</u> Bbls H2O: <u>1</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u> GOR: <u>2365</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>375</u> Tubing PSI: _____ Choke Size: <u>12/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1242</u> API Gravity Oil: <u>47</u>
Tubing Size: _____ Tubing Setting Depth: _____	Tbg setting date: _____ 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:

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: 11/16/2010 Email JREALE@GWOGCO.COM
:

Attachment Check List

Att Doc Num	Name
2591320	FORM 5A SUBMITTED
2591321	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)