

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:
400171312

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: Lisa Pfizenmaier
 2. Name of Operator: GREAT WESTERN OIL & GAS COMPANY LLC Phone: (970) 686-8831
 3. Address: 503 MAIN ST Fax: _____
 City: WINDSOR State: CO Zip: 80550

5. API Number 05-123-32957-00 6. County: WELD
 7. Well Name: GUSTAFSON Well Number: 31-12
 8. Location: QtrQtr: NENW Section: 31 Township: 7N Range: 65W Meridian: 6
 9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 03/23/2011 Date of First Production this formation: 03/31/2011
 Perforations Top: 7419 Bottom: 7437 No. Holes: 72 Hole size: 38/100

Provide a brief summary of the formation treatment: _____ Open Hole:
 Frac the Codell with 4083 bbls Slickwater and 115,000# 30/50 sand. Spearhead 500 bbls 7% KCL ahead of frac. Treat at an average of 5168 psi at 60.4 bpm. Max. pressure 6150 psi. Max. rate 60.8 bpm.

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/08/2011 Hours: 24 Bbls oil: 44 Mcf Gas: 75 Bbls H2O: 2
 Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 1705
 Test Method: flowing Casing PSI: 375 Tubing PSI: _____ Choke Size: 12/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 44
 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: _____ Email lpfizenmaier@gwogco.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400171322	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)