

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:

400171325

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 05-123-25565-00
6. County: WELD
7. Well Name: GUSTAFSON
Well Number: 31-52
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: 7272 Bottom: 7288 No. Holes: 64 Hole size: 38/100

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

Frac the Codell with 3955 bbls Slickwater and 115,100# 30/50 sand. Spearhead 500 bbls 7% KCL ahead of frac. Treat at an average of 5124 psi at 58.3 bpm. Max. pressure 6000 psi. Max. rate 59.7 bpm.

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

Test Information:

Date: 04/12/2011 Hours: 24 Bbls oil: 58 Mcf Gas: 60 Bbls H2O: 2
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: 1034
Test Method: flowing Casing PSI: 275 Tubing PSI: Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 51
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
400171333	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)