

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:
2592721

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: JEFF REALE
2. Name of Operator: GREAT WESTERN OIL & GAS COMPANY LLC Phone: (970) 686-8831
3. Address: 503 MAIN ST Fax: (866) 413-3354
City: WINDSOR State: CO Zip: 80550

5. API Number 05-123-25563-00 6. County: WELD
7. Well Name: SCHMUNK Well Number: 31-31
8. Location: QtrQtr: NWNE Section: 31 Township: 7N Range: 65W Meridian: 6
9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 10/30/2010 Date of First Production this formation: 11/05/2010
Perforations Top: 7152 Bottom: 7369 No. Holes: 176 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole:
This formation is commingled with another formation: Yes No
Test Information:
Date: 11/05/2010 Hours: 24 Bbls oil: 7 Mcf Gas: 5 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 714
Test Method: FLOWING Casing PSI: 1225 Tubing PSI: 250 Choke Size: _____
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 44
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7340 Tbg setting date: 11/01/2010 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: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 09/25/2010 Date of First Production this formation: 09/27/2010

Perforations Top: 7152 Bottom: 7180 No. Holes: 112 Hole size: 38/100

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

FRAC NIBRARA WITH 4431 BLS NYNAFLOW 2 WR FLID; 238000# 30/50 SAND; AND 12000# RESIN COATED SAND.
SPEARHEAD 24 BBLS 15% ACID AHEAD OF FRAC AND 500 BBLS 7% KCL IN PRE-PAD.
TREAT AT AN AVERAGE OF 5009 PSI 62.2 BPM MAX PRESSURE 5757 PSI MAX RATE 64.5 BPM

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/29/2010 Hours: 24 Bbls oil: 20 Mcf Gas: 25 Bbls H2O: 2

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 1250

Test Method: FLOWING Casing PSI: 450 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: JEFF REALE

Title: VICE PRESIDENT OPERATIONS Date: 11/18/2010 Email JREALE@GWOGCO.COM

Attachment Check List

Att Doc Num	Name
2592721	FORM 5A SUBMITTED
2592722	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)