


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> Document Number: <div style="text-align: center; font-weight: bold;">2592719</div>	DE	ET	OE	ES				
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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.											
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Treatment Date: <u>11/03/2010</u> Date of First Production this formation: <u>11/05/2010</u>											
Perforations Top: <u>7066</u> Bottom: <u>7296</u> No. Holes: <u>272</u> Hole size: _____											
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
Test Information:											
Date: <u>11/15/2010</u> Hours: <u>24</u> Bbls oil: <u>12</u> Mcf Gas: <u>25</u> Bbls H2O: <u>1</u>											
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: <u>2083</u>											
Test Method: <u>FLOWING</u> Casing PSI: <u>1250</u> Tubing PSI: <u>250</u> Choke Size: _____											
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1242</u> API Gravity Oil: <u>44</u>											
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7266</u> Tbg setting date: <u>11/03/2010</u> 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: _____											

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>NIOBRARA</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>09/22/2010</u>		Date of First Production this formation: <u>09/25/2010</u>		
Perforations	Top: <u>7066</u>	Bottom: <u>7118</u>	No. Holes: <u>208</u>	Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 5px;">9/22/10: FRAC NIOBRARA WITH 2240 BBLS DYNAFLOW 2 WR FLUID; SPEARHEAD 24BBLS 15% ACID AHEAD OF FRAC & 500 BBLS 7% KCL IN PRE-PAD. eQUIPMENT FAILURES FORCED JOB TO CUT SHORT AT GEL PAD STAGE. NO SAND PUMPED. 9/23/10: RAC NIO W/ 4029 BBLS DYNAFLOW 2 WR FLUID; 23800# 30/50 SAND; 12000# 20/40 RESIN COATED SAND. tREAT AT AVG. 5303PSI @ 59.8BPM MAX PRESSURE:6280PSI MAX RATE:71.5PBM</div>				
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Information:				
Date: <u>09/28/2010</u>	Hours: <u>24</u>	Bbls oil: <u>35</u>	Mcf Gas: <u>28</u>	Bbls H2O: <u>1</u>
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____ GOR: <u>800</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>500</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>44</u>	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
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:
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.			
Signed: _____		Print Name: <u>JEFF REALE</u>	
Title: <u>VICE PRESIDENT OPERATIONS</u>	Date: <u>11/18/2010</u>	Email <u>JREALE@GWOGCO.COM</u>	
:			

Attachment Check List

Att Doc Num	Name
2592719	FORM 5A SUBMITTED
2592720	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Total: 0 comment(s)