

<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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				
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>1634247</b> </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 &amp; 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>05-123-25567-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>GUSTAFSON</u>	Well Number: <u>31-21</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>31</u> Township: <u>7N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>EATON</u> Field Code: <u>19350</u>	

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>01/16/2011</u>	Date of First Production this formation: <u>01/17/2011</u>
Perforations Top: <u>7000</u> Bottom: <u>7276</u>	No. Holes: <u>188</u> Hole size: _____
Provide a brief summary of the formation treatment: _____	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>01/27/2011</u> Hours: <u>24</u>	Bbls oil: <u>35</u> Mcf Gas: <u>50</u> Bbls H2O: <u>4</u>
Calculated 24 hour rate: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: <u>1429</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1100</u> Tubing PSI: <u>850</u> Choke Size: _____
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1242</u> API Gravity Oil: <u>50</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7251</u>	Tbg setting date: <u>01/13/2011</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: NIOBRARA Status: COMMINGLED

Treatment Date: 11/20/2010 Date of First Production this formation: 11/22/2010

Perforations Top: 7000 Bottom: 7202 No. Holes: 132 Hole size: 38/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

FRAC NIOBRARA WITH 4156 BBLS DYNAFLOW 2 WR FLUID; 238,000# 30/50 SAND; AND 12,000# 20/40 RESIN COATED SAND. SPEARHEAD 24 BBLS 15% ACID AHEAD OF FRAC AND 500 BBLS 7% KCL IN PRE-PAD.  
TREAT AT AN AVERAGE OF 5416PSI 63.4 BPM MAX PRESSURE 6183 PSI MAX RATE 64.2 BPM

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 12/11/2010 Hours: 24 Bbls oil: 44 Mcf Gas: 20 Bbls H2O: 2

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: 455

Test Method: FLOWING Casing PSI: 200 Tubing PSI: 0 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 43

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: 7240 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 PEASL

Title: VICE PRESIDENT OPERATIONS Date: 2/25/2011 Email JREAL@GWOGCO.COM

**Attachment Check List**

Att Doc Num	Name
1634247	FORM 5A SUBMITTED
1634248	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)