


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="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;">1634249</div>	DE	ET	OE	ES
DE	ET	OE	ES				
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: <u>10110</u>		4. Contact Name: <u>JEFF REALE</u>					
2. Name of Operator: <u>GREAT WESTERN OIL & GAS COMPANY LLC</u>		Phone: <u>(970) 686-8831</u>					
3. Address: <u>503 MAIN ST</u> City: <u>WINDSOR</u> State: <u>CO</u> Zip: <u>80550</u>		Fax: <u>(866) 413-3354</u>					
5. API Number <u>05-123-25566-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>GUSTAFSON</u>		Well Number: <u>31-22</u>					
8. Location: QtrQtr: <u>SENW</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>					
<u>Completed Interval</u>							
FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>01/10/2011</u>		Date of First Production this formation: <u>01/13/2011</u>					
Perforations Top: <u>7056</u>	Bottom: <u>7265</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>02/02/2011</u>	Hours: <u>24</u>	Bbls oil: <u>23</u>	Mcf Gas: <u>36</u>				
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____				
Test Method: <u>FLOWING</u>		Casing PSI: <u>600</u>	Tubing PSI: <u>500</u>				
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1242</u>				
Tubing Size: <u>2 + 3/8</u>		Tubing Setting Depth: <u>7239</u>	Tbg setting date: <u>01/06/2011</u>				
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: _____							

FORMATION: <u>NIOBRARA</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>11/20/2010</u>		Date of First Production this formation: <u>11/22/2010</u>	
Perforations	Top: <u>7056</u>	Bottom: <u>7168</u>	No. Holes: <u>216</u>
		Hole size: <u>38/100</u>	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
FRAC NIOBRARA WITH 4157 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 5321 PSI 61.6 BPM MAX PRESSURE 6361 PSI MAX RATE 63.8 BPM			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>12/11/2010</u>	Hours: <u>24</u>	Bbls oil: <u>40</u>	Mcf Gas: <u>18</u>
		Bbls H2O: <u>1</u>	
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____
		Bbls H2O: _____	GOR: <u>450</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>225</u>	Tubing PSI: <u>0</u>	Choke Size: <u>16/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1242</u>	API Gravity Oil: <u>43</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	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: <u>7216</u>		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: <u>JEFF REALE</u>	
Title: <u>VICE PRESIDENT OPERATIONS</u>	Date: <u>2/25/2011</u>	Email: <u>JREALE@GWOGCO.COM</u>	

Attachment Check List

Att Doc Num	Name
1634249	FORM 5A SUBMITTED
1634250	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)