

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:  
400163745

### 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 05-123-31499-00  
6. County: WELD  
7. Well Name: HCW  
Well Number: 24-24  
8. Location: QtrQtr: SESW Section: 24 Township: 6N Range: 67W Meridian: 6  
9. Field Name: LAPOUDRE Field Code: 48125

### Completed Interval

FORMATION: CODELL Status: PRODUCING  
Treatment Date: 12/23/2010 Date of First Production this formation: 01/25/2011  
Perforations Top: 7100 Bottom: 7120 No. Holes: 80 Hole size: 3/8  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Frac the Codell with 4437 bbls of Slickwater and 115,000# 40/70 sand. Spearheaded 500 bbls 7% KCL ahead of frac. Treat at an average of 4679 psi at 61.2 bpm. Max Press. 5910 psi Max Rate 61.4 bpm

This formation is commingled with another formation:  Yes  No

#### Test Information:

Date: 02/10/2011 Hours: 24 Bbls oil: 65 Mcf Gas: 107 Bbls H2O: 2  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: 1646  
Test Method: flowing Casing PSI: 200 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 44  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7089 Tbg setting date: 03/10/2011 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: 5/11/2011

Email lpfizenmaier@gwogco.com  
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### **Attachment Check List**

Att Doc Num	Name
400163745	FORM 5A SUBMITTED
400163859	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

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

Total: 0 comment(s)