


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;">1633163</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>		Fax: <u>(866) 413-3354</u>					
City: <u>WINDSOR</u> State: <u>CO</u> Zip: <u>80550</u>							
5. API Number <u>05-123-25446-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>PETERSON</u>		Well Number: <u>30-32</u>					
8. Location: QtrQtr: <u>SWNE</u> Section: <u>30</u> Township: <u>5N</u> Range: <u>63W</u> Meridian: <u>6</u>							
9. Field Name: <u>WATTENBERG</u>		Field Code: <u>90750</u>					
<u>Completed Interval</u>							
FORMATION: <u>NIOBRARA</u>		Status: <u>COMMINGLED</u>					
Treatment Date: <u>11/17/2010</u>		Date of First Production this formation: <u>11/18/2010</u>					
Perforations Top: <u>6324</u>	Bottom: <u>6432</u>	No. Holes: <u>160</u>	Hole size: <u>38/100</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
FRAC NIOBRARA WITH 4146 BBLS DYNAFLOW 2 WR FLUID; 238000# 30/50 SAND; AND 12000# 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 4565 PSI 62.6 BPM MAX PRESSURE 4972 PSI MAX RATE 63.2 BPM							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>12/05/2010</u>	Hours: <u>24</u>	Bbls oil: <u>32</u>	Mcf Gas: <u>126</u>				
		Bbls H2O: <u>1</u>					
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____				
		Bbls H2O: _____	GOR: <u>3938</u>				
Test Method: <u>FLOWING</u>	Casing PSI: <u>275</u>	Tubing PSI: _____	Choke Size: <u>18/64</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1242</u>	API Gravity Oil: <u>53</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%; margin-top: 5px;"></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%; margin-top: 5px;"></div>							

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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: 1/20/2011 Email JREALE@GWOGCO.COM
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Attachment Check List

Att Doc Num	Name
1633163	FORM 5A SUBMITTED
1633164	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)