

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>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; font-weight: bold;">1633165</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 & 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>05-123-25421-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>PETERSON</u>	Well Number: <u>30-51</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>	

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>12/17/2010</u>	Date of First Production this formation: <u>12/20/2010</u>
Perforations Top: <u>6310</u> Bottom: <u>6576</u>	No. Holes: <u>224</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	
Test Information:	
Date: <u>12/23/2010</u> Hours: <u>24</u>	Bbls oil: <u>10</u> Mcf Gas: <u>33</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: <u>3300</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1200</u> Tubing PSI: <u>200</u> Choke Size: _____
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1242</u> API Gravity Oil: <u>51</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6550</u>	Tbg setting date: <u>12/17/2010</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: NIOBRARA Status: COMMINGLED

Treatment Date: 10/30/2010 Date of First Production this formation: 11/01/2010

Perforations Top: 6310 Bottom: 6410 No. Holes: 180 Hole size: 38/100

Provide a brief summary of the formation treatment: _____ Open Hole:

FRAC NIOBRARA WITH 4494 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 PF 4742 PSI 58 BPM MAX PRESSURE 6352 PSI MAX RATE 62.3 PBM

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/16/2010 Hours: 24 Bbls oil: 23 Mcf Gas: 101 Bbls H2O: 6

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 4391

Test Method: FLOWING Casing PSI: 325 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 51

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: _____ 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 REALE

Title: VICE PRESIDENT OPERATIONS Date: 1/18/2011 Email JREALE@GWOGCO.COM

Attachment Check List

Att Doc Num	Name
1633165	FORM 5A SUBMITTED
1633166	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)