

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109



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	4. Contact Name: Jeff Reale	Complete the Attachment Checklist
2. Name of Operator: Great Western Oil and Gas Company	Phone: 970-686-8831	
3. Address: 503 Main Street	Fax: 866-413-3354	
City: Windsor State: CO Zip: 80550		
5. API Number: 05-123-31704-00	6. County: Weld	OP OGCC
7. Well Name: New Cache	Well Number: 8-43	wellbore diagram <input checked="" type="checkbox"/>
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSE, Sec. 8, T6N, R63W, 6th PM		

FORMATION: Codell	Status: Producing
Treatment Date: 10/06/2010	Date of First Production this formation: 10/09/2010
Perforations Top: 6917 Bottom: 6929	No. Holes: 48 Hole size: .38
Provide a brief summary of the formation treatment: Open Hole <input type="checkbox"/>	
Frac Codell with 170,310 bbls Slickwater and 115,000# 30/50 sand	
Spearhead 500 bbls 7% KCL ahead of frac	
Treat at an average of 4592 psi 62.3 bpm Max pressure 5243 psi Max rate 62.6 bpm	
This formation is commingled with another formation <input type="checkbox"/>	
Test Information:	
Date: 10/14/2010 Hours: 24	Bbls oil: 92 Mcf Gas: 157 Bbls H ₂ O: 4
Calculated 24 hour rate:	Bbls oil: Mcf Gas: Bbls H ₂ O: GOR: 1706.52
Test Method: flowing	Casing PSI: 525 Tubing PSI: Choke size: 12/64
Gas Disposition: Solid	Gas Type: Wet BTU Gas: 1242 API Gravity Oil: 45.0
Tubing Size:	Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production:	
Date formation Abandoned:	Squeezed <input type="checkbox"/> Yes <input type="checkbox"/> No If yes number of sacks cmt
Bridge Plug Depth:	Sacks cement on top:

FORMATION:	Status:
Treatment Date:	Date of First Production this formation:
Perforations Top: Bottom:	No. Holes: 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"/>	
Test Information:	
Date: Hours:	Bbls oil: Mcf Gas: Bbls H ₂ O:
Calculated 24 hour rate:	Bbls oil: Mcf Gas: Bbls H ₂ O: GOR:
Test Method:	Casing PSI: Tubing PSI: Choke size:
Gas Disposition:	Gas Type: BTU Gas: API Gravity Oil:
Tubing Size:	Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production:	
Date formation Abandoned:	Squeezed <input type="checkbox"/> Yes <input type="checkbox"/> No If yes number of sacks cmt
Bridge Plug Depth:	Sacks cement on top:

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Print Name: Jeff Reale

Email: jreale@gwogco.com

Signature:

Title: Vice President Operations Date: 11/16/2010