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**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.

Complete the Attachment Checklist

1. OGCC Operator Number: 10110	4. Contact Name: Jeff Reale	OP <input type="checkbox"/> OGCC <input type="checkbox"/>
2. Name of Operator: Great Western Oil and Gas Company	Phone: 970-686-8831	
3. Address: 503 Main Street City: Windsor State: CO Zip: 80550	Fax: 866-413-3354	
5. API Number: 05-123-31704-00	6. County: Weld	wellbore diagram <input checked="" type="checkbox"/>
7. Well Name: New Cache	Well Number: 8-43	
8. Location (Qtr/Tr, 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

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

Test Information:  
Date: 10/14/2010 Hours: 24 Bbls oil: 92 Mcf Gas: 157 Bbls H<sub>2</sub>O: 4  
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H<sub>2</sub>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  Yes  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

This formation is commingled with another formation

Test Information:  
Date: Hours: Bbls oil: Mcf Gas: Bbls H<sub>2</sub>O:  
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H<sub>2</sub>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  Yes  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 E-mail: jreale@gwogco.com  
Signature: Title: Vice President Operations Date: 11/16/2010