

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



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Document Number:

400171274

**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: Lisa Pfizenmaier  
2. Name of Operator: GREAT WESTERN OIL & GAS COMPANY LLC Phone: (970) 686-8831  
3. Address: 503 MAIN ST Fax: \_\_\_\_\_  
City: WINDSOR State: CO Zip: 80550

5. API Number 05-123-31295-00 6. County: WELD  
7. Well Name: GUSTAFSON Well Number: 31-11  
8. Location: QtrQtr: NWNW Section: 31 Township: 7N Range: 65W Meridian: 6  
9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>03/19/2011</u>	Date of First Production this formation: <u>03/31/2011</u>
Perforations Top: <u>7282</u> Bottom: <u>7298</u>	No. Holes: <u>64</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Frac Codell with 4113 bbls slickwater and 114,588# 30/50 sand. Spearhead 500 bbls 7% KCL ahead of frac. Treat at an average of 5241 psi at 60.5 bpm. Max. pressure 5936 psi. Max. rate 61.3 bpm.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>04/08/2011</u> Hours: <u>24</u> Bbls oil: <u>43</u> Mcf Gas: <u>73</u> Bbls H2O: <u>2</u>	
Calculated 24 hour rate:	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: <u>1698</u>
Test Method: <u>Flowing</u> Casing PSI: <u>350</u> Tubing PSI: _____ Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1242</u> API Gravity Oil: <u>44</u>	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____	

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: 6/2/2011

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

Att Doc Num	Name
400171274	FORM 5A SUBMITTED
400171308	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)