

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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| DE | ET | OE | ES |
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Document Number:

400171312

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

5. API Number 05-123-32957-00
6. County: WELD
7. Well Name: GUSTAFSON
Well Number: 31-12
8. Location: QtrQtr: NENW Section: 31 Township: 7N Range: 65W Meridian: 6
9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 03/23/2011 Date of First Production this formation: 03/31/2011
Perforations Top: 7419 Bottom: 7437 No. Holes: 72 Hole size: 38/100

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

Frac the Codell with 4083 bbls Slickwater and 115,000# 30/50 sand. Spearhead 500 bbls 7% KCL ahead of frac.
Treat at an average of 5168 psi at 60.4 bpm. Max. pressure 6150 psi. Max. rate 60.8 bpm.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 04/08/2011 Hours: 24 Bbls oil: 44 Mcf Gas: 75 Bbls H2O: 2
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 1705
Test Method: flowing Casing PSI: 375 Tubing PSI: _____ Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 44
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: Lisa Pfizenmaier

Title: Permit Technician

Date: 6/2/2011

Email lpfizenmaier@gwogco.com
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Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400171312 | FORM 5A SUBMITTED |
| 400171322 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|-----------------------|----------------------------|
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Total: 0 comment(s)