

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



DE ET OE ES

Document Number:
400175453

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 05-123-24168-00
6. County: WELD
7. Well Name: CORNISH
Well Number: 14-8
8. Location: QtrQtr: SWSW Section: 8 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING
Treatment Date: 03/30/2011 Date of First Production this formation: 04/09/2011
Perforations Top: 6791 Bottom: 6803 No. Holes: 48 Hole size: 38/100
Provide a brief summary of the formation treatment: _____ Open Hole:

Re-Fractured Codell formation with 4447.6 bbls Slickwater, 150,340# 30/50 sand and 3790# SLC 20/40 sand.
Spearhead 500 bbls 7% KCL ahead of frac.
Treat at an average of 4374 psi at 59.4 bbl/min. Max. treating pressure 4882 psi Max. treating rate 63.4 bbl/min

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/06/2011 Hours: 24 Bbls oil: 19 Mcf Gas: 42 Bbls H2O: 3
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 2211
Test Method: flowing Casing PSI: 1000 Tubing PSI: 900 Choke Size: _____
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 50
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6776 Tbg setting date: 04/01/2011 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: 6/22/2011 Email lpfizenmaier@gwogco.com
:

Attachment Check List

Att Doc Num	Name
400175453	FORM 5A SUBMITTED
400178043	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)