

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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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 05-123-23784-00 6. County: WELD
 7. Well Name: DILKA Well Number: 22-6
 8. Location: QtrQtr: SENW Section: 6 Township: 6N Range: 63W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED
 Treatment Date: 04/20/2011 Date of First Production this formation: 05/12/2011
 Perforations Top: 6878 Bottom: 6888 No. Holes: 40 Hole size: 38/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
4/20/11-Perf'd Codell from 6878' to 6888'; review of logs from July 2006 showed Codell was originally perf'd out of zone from 6778' - 6788'; 100' high.
4/25/11-breakdown with balls; 130 bbls 7% KCL, formation break 3594psi / 4.7 bpm
4/27/11-Re-frac Codell w/ 4961bbls Slickwater; 150,140# 30/50 sand & 4000# resin coated 20/40 sand. ATP: 4262psi ATR: 51.5bpm Max. pressure: 5339psi Max. Rate: 52.6bpm
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 05/16/2011 Hours: 24 Bbls oil: 53 Mcf Gas: 25 Bbls H2O: 6
 Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 472
 Test Method: flowing Casing PSI: 1150 Tubing PSI: 900 Choke Size: _____
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 43
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6868 Tbg setting date: 05/03/2011 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: _____ Email: lpfizenmaier@gwogco.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400206649	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)