

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:

400206628

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 05-123-23784-00
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)