


FORM 5A Rev 02/08	<div style="display: flex; justify-content: space-between;"><div>State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109</div><div style="text-align: right;"></div></div>		<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:25%; text-align: center;">DE</td><td style="width:25%; text-align: center;">ET</td><td style="width:25%; text-align: center;">OE</td><td style="width:25%; text-align: center;">ES</td></tr></table>				DE	ET	OE	ES
	DE	ET	OE	ES						
COMPLETED INTERVAL REPORT		Document Number: 400089734								

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: Jeff Reale		
2. Name of Operator: GREAT WESTERN OIL & GAS COMPANY LLC			Phone: (970) 686-8831		
3. Address: 503 MAIN ST			Fax: (866) 4133354		
City: WINDSOR	State: CO	Zip: 80550			

5. API Number 05-123-26198-00		6. County: WELD	
7. Well Name: GREAT WESTERN		Well Number: 26-44	
8. Location: QtrQtr: SWSE	Section: 26	Township: 6N	Range: 67W Meridian: 6

Completed Interval

FORMATION: NIOBRARA-CODELL		Status: PRODUCING	
Treatment Date: 06/29/2010		Date of First Production this formation: 06/29/2010	
Perforations Top: 6900	Bottom: 7238	No. Holes: 224	Hole size: 38/100
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
ran tubing to commingle Niobrara and Codell formations			
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Test Information:			
Date: 08/01/2010	Hours: 24	Bbls oil: 18	Mcf Gas: 53 Bbls H2O: 3
Calculated 24 hour rate:		Bbls oil: 18	Mcf Gas: 53 Bbls H2O: 3 GOR: 2944
Test Method: flowing	Casing PSI: 725	Tubing PSI: 600	Choke Size:
Gas Disposition: SOLD	Gas Type: WET	BTU Gas: 1242	API Gravity Oil: 46
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7206	Tbg setting date: 06/29/2010	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: Permitting 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	Doc Description
400089737	WELLBORE DIAGRAM	GW 26-44 Comm Wellbore.pdf

Total Attach: 1 Files