

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:  
400089734

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: Jeff Reale  
Phone: (970) 686-8831  
Fax: (866) 4133354

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: NIORARA-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: ran tubing to commingle Niobrara and Codell formations Open Hole:   
This formation is commingled with another formation:  Yes  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:  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: 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