

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

Document Number:

400089743

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) 413-3354
City: WINDSOR State: CO Zip: 80550

5. API Number 05-123-26338-00 6. County: WELD
7. Well Name: GREAT WESTERN Well Number: 35-41
8. Location: QtrQtr: SWSE Section: 26 Township: 6N Range: 67W Meridian: 6

Completed Interval

FORMATION: NIORRARA-CODELL Status: PRODUCING

Treatment Date: 06/30/2010 Date of First Production this formation: 06/30/2010

Perforations Top: 7076 Bottom: 7418 No. Holes: 224 Hole size: 38/100

Provide a brief summary of the formation treatment: Open Hole:

ran tubing to commingle Niobrara and Codell formations

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/04/2010 Hours: 24 Bbls oil: 10 Mcf Gas: 48 Bbls H2O: 2

Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 48 Bbls H2O: 2 GOR: 4800

Test Method: FLOWING Casing PSI: 600 Tubing PSI: 550 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 44

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7386 Tbg setting date: 06/30/2010 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 |
|-------------|------------------|----------------------------|
| 400089754 | WELLBORE DIAGRAM | GW 35-41 Comm Wellbore.pdf |

Total Attach: 1 Files