

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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Document Number:

2511036

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: JEFF REALE
2. Name of Operator: GREAT WESTERN OIL & GAS COMPANY LLC Phone: (970) 6868831
3. Address: 503 MAIN ST Fax: (866) 4133354
City: WINDSOR State: CO Zip: 80550

5. API Number 05-123-25478-00 6. County: WELD
7. Well Name: TATMAN Well Number: 34-23
8. Location: QtrQtr: NESW Section: 34 Township: 7N Range: 64W Meridian: 6
9. Field Name: GALETON Field Code: 27930

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 06/17/2010 Date of First Production this formation: 06/18/2010
Perforations Top: 6775 Bottom: 7086 No. Holes: 192 Hole size: _____
Provide a brief summary of the formation treatment: Open Hole: ☐
commingle nb & cd
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 06/26/2010 Hours: 24 Bbls oil: 57 Mcf Gas: 44 Bbls H2O: 6
Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 772
Test Method: FLOWING Casing PSI: 1020 Tubing PSI: 990 Choke Size: _____
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 46
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7063 Tbg setting date: 06/17/2010 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: JEFF REALE
Title: VP OPERATIONS Date: 7/22/2010 Email: JREALE@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: _____

David G. Neslin
Director of COGCC

Date: 11/23/2010

Attachment Check List

Att Doc Num	Name
2511036	FORM 5A SUBMITTED
2511037	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)