


<b>FORM 5A</b>  Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b>				DE	ET	OE	ES
	1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109				Document Number:  400142718			
	<b>COMPLETED INTERVAL REPORT</b>							
<small>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.</small>								
1. OGCC Operator Number: <u>10110</u>					4. Contact Name: <u>Jeff Reale</u>			
2. Name of Operator: <u>GREAT WESTERN OIL &amp; GAS COMPANY LLC</u>					Phone: <u>(970) 6868831</u>			
3. Address: <u>503 MAIN ST</u>					Fax: <u>(866) 4133354</u>			
City: <u>WINDSOR</u> State: <u>CO</u> Zip: <u>80550</u>								
5. API Number <u>05-123-31930-00</u>					6. County: <u>WELD</u>			
7. Well Name: <u>COULSON</u>					Well Number: <u>2-13</u>			
8. Location: QtrQtr: <u>SESW</u> Section: <u>2</u> Township: <u>4N</u> Range: <u>67W</u> Meridian: <u>6</u>								
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>								
<u>Completed Interval</u>								
FORMATION: <u>CODELL</u>					Status: <u>PRODUCING</u>			
Treatment Date: <u>12/17/2010</u>					Date of First Production this formation: <u>12/24/2010</u>			
Perforations Top: <u>7422</u> Bottom: <u>7444</u> No. Holes: <u>88</u> Hole size: <u>38/100</u>								
Provide a brief summary of the formation treatment:					Open Hole: <input type="checkbox"/>			
Frac the Codell with 4466 bbls Slickwater and 115,000# 20/40 sand. Spearhead 500 bbls 7% KCL ahead of frac. Treat at an average of 4990psi at 61.8 bpm. Max. pressure: 5729psi Max. Rate: 64.5bpm								
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
<b>Test Information:</b>								
Date: <u>01/14/2011</u> Hours: <u>24</u> Bbls oil: <u>42</u> Mcf Gas: <u>160</u> Bbls H2O: <u>1</u>								
Calculated 24 hour rate: Bbls oil: <u>          </u> Mcf Gas: <u>          </u> Bbls H2O: <u>          </u> GOR: <u>3810</u>								
Test Method: <u>flowing</u> Casing PSI: <u>1250</u> Tubing PSI: <u>          </u> Choke Size: <u>10/64</u>								
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1242</u> API Gravity Oil: <u>53</u>								
Tubing Size: <u>          </u> Tubing Setting Depth: <u>          </u> Tbg setting date: <u>          </u> Packer Depth: <u>          </u>								
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>								
Date formation Abandoned: <u>          </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u>          </u>								
Bridge Plug Depth: <u>          </u> Sacks cement on top: <u>          </u>								
Comment: <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>								

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  
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### **Attachment Check List**

Att Doc Num	Name
400142733	WELLBORE DIAGRAM

Total Attach: 1 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)