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| 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 |
| | COMPLETED INTERVAL REPORT | | | | Document Number: 400142735 | | | |
| | 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: <u>10110</u> | | | | | 4. Contact Name: <u>Jeff Reale</u> | | | |
| 2. Name of Operator: <u>GREAT WESTERN OIL & 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>05-123-31934-00</u> | | | | | 6. County: <u>WELD</u> | | | |
| 7. Well Name: <u>COULSON</u> | | | | | Well Number: <u>2-14</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>7326</u> Bottom: <u>7348</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"/> | | | |
| Fracture the Codell with 4400 bbls Slickwater and 115,000# 30/50 sand. Spearhead 500 bbls 7% KCL ahead of frac. Treat at an average of 4434psi at 61.9bpm. Max. Pressure: 5789psi Max. Rate: 63.7bpm | | | | | | | | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | |
| Test Information: | | | | | | | | |
| Date: <u>01/14/2011</u> Hours: <u>24</u> | | | Bbls oil: <u>45</u> Mcf Gas: <u>164</u> | | Bbls H2O: <u>1</u> | | | |
| Calculated 24 hour rate: | | | Bbls oil: <u> </u> Mcf Gas: <u> </u> | | Bbls H2O: <u> </u> GOR: <u>3644</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
:

Attachment Check List

| Att Doc Num | Name |
|-------------|------------------|
| 400142743 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|-----------------------|----------------------------|
| | | |

Total: 0 comment(s)