


FORM 5A Rev 02/08	State of Colorado			DE	ET	OE	ES
	Oil and Gas Conservation Commission						
	1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109						
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: <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>05-123-31927-00</u>				6. County: <u>WELD</u>			
7. Well Name: <u>COULSON</u>				Well Number: <u>2-53</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>							
Completed Interval							
FORMATION: <u>CODELL</u>				Status: <u>PRODUCING</u>			
Treatment Date: <u>12/15/2010</u>				Date of First Production this formation: <u>12/27/2010</u>			
Perforations Top: <u>7198</u> Bottom: <u>7218</u> No. Holes: <u>80</u> Hole size: <u>38/100</u>							
Provide a brief summary of the formation treatment:				Open Hole: <input type="checkbox"/>			
Fracture the Codell with 4120 bbls Slickwater and 115,000# 30/50 sand. Spearhead 500 bbls 7% KCL ahead of frac. Treat at an average of 4415psi at 60.5 bpm. Max. Pressure: 5883psi Max. Rate: 60.7bpm							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>01/12/2011</u> Hours: <u>24</u>		Bbls oil: <u>37</u> Mcf Gas: <u>221</u>		Bbls H2O: <u>3</u>			
Calculated 24 hour rate:		Bbls oil: <u> </u> Mcf Gas: <u> </u>		Bbls H2O: <u> </u> GOR: <u>5973</u>			
Test Method: <u>flowing</u>		Casing PSI: <u>1200</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>58</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
400142763	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)