

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 City: WINDSOR State: CO Zip: 80550 Fax: (866) 4133354

5. API Number 05-123-31935-00 6. County: WELD
7. Well Name: WITMAN Well Number: 2-34
8. Location: QtrQtr: SESW Section: 2 Township: 4N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 11/24/2010 Date of First Production this formation: 12/22/2010
Perforations Top: 7369 Bottom: 7390 No. Holes: 84 Hole size: 38/100

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

Fracture the Codell with 4123 bbls Slickwater and 115,000# 40/70 sand. Spearhead 500 bbls 7% KCL ahead of frac. Treat at an average of 4604psi at 61.5bpm. Max. Pressure: 5726psi Max. Rate: 64.2 bpm

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 01/05/2011 Hours: 24 Bbls oil: 40 Mcf Gas: 236 Bbls H2O: 4
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: 5900
Test Method: flowing Casing PSI: 2500 Tubing PSI: Choke Size: 10/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 55
Tubing Size: Tubing Setting Depth: Tbg setting date: 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
:

Attachment Check List

Att Doc Num	Name
400142775	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)