

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:

400163745

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: Lisa Pfizenmaier
2. Name of Operator: GREAT WESTERN OIL & GAS COMPANY LLC Phone: (970) 686-8831
3. Address: 503 MAIN ST Fax: _____
City: WINDSOR State: CO Zip: 80550

5. API Number 05-123-31499-00 6. County: WELD
7. Well Name: HCW Well Number: 24-24
8. Location: QtrQtr: SESW Section: 24 Township: 6N Range: 67W Meridian: 6
9. Field Name: LAPOUDRE Field Code: 48125

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>12/23/2010</u>	Date of First Production this formation: <u>01/25/2011</u>
Perforations Top: <u>7100</u> Bottom: <u>7120</u>	No. Holes: <u>80</u> Hole size: <u>3/8</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Frac the Codell with 4437 bbls of Slickwater and 115,000# 40/70 sand. Spearheaded 500 bbls 7% KCL ahead of frac. Treat at an average of 4679 psi at 61.2 bpm. Max Press. 5910 psi Max Rate 61.4 bpm	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>02/10/2011</u> Hours: <u>24</u> Bbls oil: <u>65</u> Mcf Gas: <u>107</u> Bbls H2O: <u>2</u>	
Calculated 24 hour rate:	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: <u>1646</u>
Test Method: <u>flowing</u> Casing PSI: <u>200</u> Tubing PSI: _____ Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1242</u> API Gravity Oil: <u>44</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7089</u> Tbg setting date: <u>03/10/2011</u> Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: Permit Technician Date: _____ Email: lpfizenmaier@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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400163859	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)