

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:

400164849

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

5. API Number 05-123-31497-00  
6. County: WELD  
7. Well Name: HCW Well Number: 24-23  
8. Location: QtrQtr: NWSW Section: 24 Township: 6N Range: 67W Meridian: 6  
9. Field Name: LAPOUDRE Field Code: 48125

Completed Interval

FORMATION: CODELL Status: PRODUCING  
Treatment Date: 01/22/2011 Date of First Production this formation: 01/28/2011  
Perforations Top: 7212 Bottom: 7230 No. Holes: 72 Hole size: 38/100  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐  
Frac the Codell with 4047 bbls Slickwater and 115,800# 30/50 sand. Spearheaded 500 bbls 7% KCL ahead of frac. Treat at an average of 4884 psi at 60.7 bpm. Max. pressure 5926 psi Max. rate 61.0 bpm  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 02/14/2011 Hours: 24 Bbls oil: 64 Mcf Gas: 90 Bbls H2O: 2  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: 1406  
Test Method: Flowing Casing PSI: 200 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 46  
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: 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
400164851	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)