

**FORM
5A**Rev
02/08State 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

Document Number:

400165916

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 05-123-31927-00 6. County: WELD
7. Well Name: COULSON Well Number: 2-53
8. Location: QtrQtr: SESW Section: 2 Township: 4N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>03/30/2011</u>		Date of First Production this formation: <u>04/06/2011</u>	
Perforations	Top: <u>6962</u>	Bottom: <u>7218</u>	No. Holes: <u>220</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>Ran tubing to commingle Niobrara and Codell formations</div>			
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Test Information:			
Date: <u>04/09/2011</u>	Hours: <u>24</u>	Bbls oil: <u>30</u>	Mcf Gas: <u>132</u> Bbls H2O: <u>3</u>
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____ GOR: <u>4400</u>
Test Method: <u>flowing</u>	Casing PSI: <u>850</u>	Tubing PSI: <u>750</u>	Choke Size: _____
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1242</u>	API Gravity Oil: <u>51</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7188</u>	Tbg setting date: <u>03/31/2011</u>	Packer Depth: _____
Reason for Non-Production: <div></div>			
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: _____			

FORMATION: <u>NIOBRARA</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>02/23/2011</u>		Date of First Production this formation: <u>02/24/2011</u>	
Perforations	Top: <u>6962</u> Bottom: <u>7100</u>	No. Holes: <u>140</u>	Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Frac the Niobrara with 4069 bbls DynaFlow 2 WR in 238,000# 20/40 mesh and 12,000# 20/40 resin coated sand. Spearhead 24 bbls of 15% acid ahead of frac and 500 bbls of 7% KCL in prepad Treat at an average of 4691 psi at 55.4 bpm. Max. pressure 5601 psi Max. rate 62.9 bpm			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>03/09/2011</u>	Hours: <u>24</u>	Bbls oil: <u>50</u>	Mcf Gas: <u>183</u> Bbls H2O: <u>3</u>
Calculated 24 hour rate:		Bbls oil: <u> </u>	Mcf Gas: <u> </u> Bbls H2O: <u> </u> GOR: <u>366</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>275</u>	Tubing PSI: <u> </u>	Choke Size: <u>14/64</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%;"></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:

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
400165925	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)