

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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COMPLETED INTERVAL REPORT

Document Number:

400165916

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: NIORRARA-CODELL Status: PRODUCING
 Treatment Date: 03/30/2011 Date of First Production this formation: 04/06/2011
 Perforations Top: 6962 Bottom: 7218 No. Holes: 220 Hole size: 38/100
 Provide a brief summary of the formation treatment: _____ Open Hole:

 Ran tubing to commingle Niobrara and Codell formations
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 04/09/2011 Hours: 24 Bbls oil: 30 Mcf Gas: 132 Bbls H2O: 3
 Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 4400
 Test Method: flowing Casing PSI: 850 Tubing PSI: 750 Choke Size: _____
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 51
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7188 Tbg setting date: 03/31/2011 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 02/23/2011 Date of First Production this formation: 02/24/2011

Perforations Top: 6962 Bottom: 7100 No. Holes: 140 Hole size: 38/100

Provide a brief summary of the formation treatment: _____ Open Hole:

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: Yes No

Test Information:

Date: 03/09/2011 Hours: 24 Bbls oil: 50 Mcf Gas: 183 Bbls H2O: 3

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 3660

Test Method: Flowing Casing PSI: 275 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 53

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
400165925	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)