

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:

400142766

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

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: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>11/24/2010</u>	Date of First Production this formation: <u>12/22/2010</u>
Perforations Top: <u>7369</u> Bottom: <u>7390</u>	No. Holes: <u>84</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>01/05/2011</u> Hours: <u>24</u> Bbls oil: <u>40</u> Mcf Gas: <u>236</u> Bbls H2O: <u>4</u>	
Calculated 24 hour rate:	Bbls oil: <u> </u> Mcf Gas: <u> </u> Bbls H2O: <u> </u> GOR: <u>5900</u>
Test Method: <u>flowing</u> Casing PSI: <u>2500</u> Tubing PSI: <u> </u> Choke Size: <u>10/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1242</u> API Gravity Oil: <u>55</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: Permitting Technician

Date: 3/15/2011

Email lpfizenmaier@gwogco.com
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Attachment Check List

Att Doc Num	Name
400142766	FORM 5A SUBMITTED
400142775	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)