

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:

400167486

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 05-123-23575-00
6. County: WELD
7. Well Name: GREAT WESTERN
Well Number: 26-52
8. Location: QtrQtr: NENW Section: 26 Township: 6N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 03/30/2011 Date of First Production this formation: 04/14/2011
Perforations Top: 7264 Bottom: 7283 No. Holes: 72 Hole size: 38/100

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

Re-fracture Codell formation with 4900 bbls Slickwater and 151,020# 30/50 sand. Spearhead 500 bbls 7% KCL ahead of frac. Treat at an average of 4547 psi at 56.2 bpm. Max. pressure 5157psi Max. rate 58.9 bpm

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: 05/15/2011 Hours: 24 Bbls oil: 33 Mcf Gas: 79 Bbls H2O: 2
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: 2394
Test Method: flowing Casing PSI: 825 Tubing PSI: 700 Choke Size:
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 45
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7251 Tbg setting date: 04/07/2011 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:

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
400167526	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)