

**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:

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 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 05-123-31497-00 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 IntervalFORMATION: 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: 5/13/2011

Email lpfizenmaier@gwogco.com
:

Attachment Check List

Att Doc Num	Name
400164849	FORM 5A SUBMITTED
400164851	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)