

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:

400171335

**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 05-123-31722-00  
6. County: WELD  
7. Well Name: GREAT WESTERN  
Well Number: 25-22  
8. Location: QtrQtr: NWSW Section: 25 Township: 6N Range: 67W Meridian: 6  
9. Field Name: LAPOUDRE SOUTH Field Code: 48130

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 03/06/2011 Date of First Production this formation: 03/22/2011  
Perforations Top: 7240 Bottom: 7258 No. Holes: 72 Hole size: 38/100

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

Frac the Codell with 4117 bbls Slickwater and 115,000# 30/50 sand. Spearhead 500 bbls 7% KCL ahead of frac.  
Treat at an average of 4731 psi at 61.1 bpm. Max. pressure 6114 psi. Max. rate 61.6 bpm.

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

**Test Information:**

Date: 04/05/2011 Hours: 24 Bbls oil: 45 Mcf Gas: 119 Bbls H2O: 1  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: 2644  
Test Method: flowing Casing PSI: 225 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: 6/2/2011

Email lpfizenmaier@gwogco.com  
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### **Attachment Check List**

Att Doc Num	Name
400171335	FORM 5A SUBMITTED
400171402	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

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

Total: 0 comment(s)