

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:

400175453

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 05-123-24168-00  
6. County: WELD  
7. Well Name: CORNISH  
Well Number: 14-8  
8. Location: QtrQtr: SWSW Section: 8 Township: 6N Range: 63W 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: 04/09/2011  
Perforations Top: 6791 Bottom: 6803 No. Holes: 48 Hole size: 38/100

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

Re-Fractured Codell formation with 4447.6 bbls Slickwater, 150,340# 30/50 sand and 3790# SLC 20/40 sand.  
Spearhead 500 bbls 7% KCL ahead of frac.  
Treat at an average of 4374 psi at 59.4 bbl/min. Max. treating pressure 4882 psi Max. treating rate 63.4 bbl/min

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

Test Information:

Date: 05/06/2011 Hours: 24 Bbls oil: 19 Mcf Gas: 42 Bbls H2O: 3  
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: 2211  
Test Method: flowing Casing PSI: 1000 Tubing PSI: 900 Choke Size:  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 50  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6776 Tbg setting date: 04/01/2011 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
400178043	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)