

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:

400201152

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 05-123-23134-00 6. County: WELD  
7. Well Name: MERSHON Well Number: 26-33  
8. Location: QtrQtr: SWSE Section: 26 Township: 6N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED  
Treatment Date: 06/08/2011 Date of First Production this formation: 06/24/2011  
Perforations Top: 7254 Bottom: 7274 No. Holes: 80 Hole size: 38/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
Re-fracture Codell w/ 4968 bbls Slickwater; 150,940# 30/50 sand and 4000# 20/40 resin coated sand. Spearhead 500 bbls 7% KCL ahead of re-frac. Treat at an average of 4770 psi at 60.6 bpm. Max. pressure 5209 psi Max. rate 62.9 bpm  
This formation is commingled with another formation: ☒ Yes ☐ No  
**Test Information:**  
Date: 07/13/2011 Hours: 24 Bbls oil: 28 Mcf Gas: 60 Bbls H2O: 5  
Calculated 24 hour rate: Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: 2143  
Test Method: flowing Casing PSI: 925 Tubing PSI: 750 Choke Size: \_\_\_\_\_  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 40  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7239 Tbg setting date: 06/20/2011 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
400201423	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)