

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
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 05-123-23134-00
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: <input type="checkbox"/>	
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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 8/31/2011 Email: lpfizenmaier@gwogco.com

Attachment Check List

Att Doc Num	Name
400201152	FORM 5A SUBMITTED
400201423	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)