

FORM 5A

Rev 06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Date Received:

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: Christi Ng
 2. Name of Operator: GREAT WESTERN OPERATING COMPANY LLC Phone: (303) 398-0394
 3. Address: 1801 BROADWAY #500 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: regulatorypermitting@gwogco.com

5. API Number 05-123-26193-00 6. County: WELD
 7. Well Name: GREAT WESTERN Well Number: 25-12
 8. Location: QtrQtr: NENE Section: 26 Township: 6N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/14/2007 End Date: 11/14/2007 Date of First Production this formation: 11/17/2007

Perforations Top: 7372 Bottom: 7392 No. Holes: 80 Hole size: 0.35

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

FRAC W/153,088 BBLs SLICKWATER FLUID AND 270,000# 20/40 SAND. MAX PRESSURE 4586 PSI

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 153088 Max pressure during treatment (psi): 4586

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.91

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 522

Fresh water used in treatment (bbl): 153088 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 270000 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/20/2007 Hours: 24 Bbl oil: 23 Mcf Gas: 5 Bbl H2O: 4

Calculated 24 hour rate: Bbl oil: 23 Mcf Gas: 5 Bbl H2O: 4 GOR: 800

Test Method: Flowing Casing PSI: 300 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1242 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7257 Tbg setting date: 01/01/2008 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: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

The Codell formation completion detail was not reported on the Completed Interval Report Form 5A submitted in 2007. This well has produced from the Niobrara/Codell since the initial 2007 completion.

No tubing PSI is recorded in test data because the test information was recorded before tubing set date.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Christi Ng

Title: Sr. Regulatory Analyst Date: _____ Email: regulatorypermitting@gwogco.com
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Attachment Check List

Att Doc Num **Name**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)