

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400164838

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 05-123-31500-00 6. County: WELD
 7. Well Name: HCW Well Number: 24-13
 8. Location: QtrQtr: NWSW Section: 24 Township: 6N Range: 67W Meridian: 6
 9. Field Name: LAPOUDRE Field Code: 48125

Completed Interval

FORMATION: CODELL Status: PRODUCING
 Treatment Date: 01/22/2011 Date of First Production this formation: 01/28/2011
 Perforations Top: 7225 Bottom: 7245 No. Holes: 80 Hole size: 38/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
 Frac the Codell with 4040 bbls Slickwater and 115,000# 30/50 sand. Spearheaded 500 bbls 7% KCL ahead of frac. Treat at an average of 4982 psi at 60.6 bpm. Max. pressure 5966 psi Max. rate 61.1 bpm
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 02/14/2011 Hours: 24 Bbls oil: 64 Mcf Gas: 90 Bbls H2O: 2
 Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 938
 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: _____ 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

<u>Att Doc Num</u>	<u>Name</u>
400164846	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)