

**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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COMPLETED INTERVAL REPORT

Document Number:

400171404

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 05-123-31721-00 6. County: WELD
7. Well Name: GREAT WESTERN Well Number: 25-52
8. Location: QtrQtr: NWSW Section: 25 Township: 6N Range: 67W Meridian: 6
9. Field Name: LAPOUDRE SOUTH Field Code: 48130

Completed IntervalFORMATION: CODELL Status: PRODUCING

Treatment Date: 03/06/2011 Date of First Production this formation: 03/22/2011
Perforations Top: 7330 Bottom: 7350 No. Holes: 80 Hole size: 38/100

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

March 2, 2011 - began procedure to frac the Codell. Spearhead 500 bbls 7% KCL ahead of frac. Clean fluid pumped 1442.3 bbls; prop. 13,775# 30/50 sand. Approx. 35 min. into frac job, the frac valve separated from the casing. Shut down equipment, moved frac fleet off location. Regained control of well.
March 6, 2011 - Continuation of procedure to frac the Codell with 4118 bbls Slickwater and 115,000# 30/50 sand. Treat at an average of 5141 psi at 62.8 bpm. Max. pressure 5929 psi. Max. rate 63.0 bpm.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 04/11/2011 Hours: 24 Bbls oil: 55 Mcf Gas: 131 Bbls H2O: 1
Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 2382
Test Method: flowing Casing PSI: 300 Tubing PSI: _____ Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 47
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 PfizenmaierTitle: 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
400171407	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)