

**FORM
5A**Rev
02/08State 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

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.

Document Number:

2586360

1. OGCC Operator Number: 10267 4. Contact Name: MATHEW GOOLSBY
2. Name of Operator: VECTA OIL & GAS LTD Phone: _____
3. Address: 5920 CEDAR SPRINGS ROAD - STE 200 Fax: _____
City: DALLAS State: TX Zip: 75235

5. API Number 05-017-07692-00 6. County: CHEYENNE
7. Well Name: HURON Well Number: 23-9
8. Location: QtrQtr: NESW Section: 9 Township: 14S Range: 47W Meridian: 6

Completed IntervalFORMATION: SPERGEN Status: ABANDONED COMPLETION

Treatment Date: 03/17/2010 Date of First Production this formation: _____
Perforations Top: 5353 Bottom: 5358 No. Holes: 20 Hole size: 52/100

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

PERFD 5353-5358 W/ 5FT EXPENDABLE GUN. LIMITED ENTRY "DIRTY" WATER, SWABBED DOWN IN 5 RUNS. ACIDIZE W/ 12 BBL (500 GAL) 15% NEFE + 31 BLW. DROPPED 17 BALL SEALERS DURING MIDDLE 4 BBLS ACID. GOOD BALL ACTION. SWABBED BACK 44 BBL LOAD IN 4.5 HOURS WITH NO OIL SHOW. 2ND DAY SWABBED BACK 26 BBL OVER LOAD, SEEING 1% OIL CUT. 3RD DAY SWABBED 12BBL W/ 1% OIL CUT. SET CIBP @ 5346 W/ PEAK WIRELINE.

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

Date: 03/19/2010 Hours: 8 Bbls oil: _____ Mcf Gas: _____ Bbls H2O: 12
Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: 36 GOR: _____
Test Method: SWABBING Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5307 Tbg setting date: 03/18/2010 Packer Depth: _____

Reason for Non-Production:

NON COMMERCIAL OIL CUT & FLUID RATEDate formation Abandoned: 03/20/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____Bridge Plug Depth: 5346 Sacks cement on top: 2

FORMATION: ST LOUIS Status: PRODUCING

Treatment Date: 03/20/2010 Date of First Production this formation: 06/11/2010

Perforations Top: 5295 Bottom: 5302 No. Holes: 28 Hole size: 52/100

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

NATURAL COMPLETION. PERF 5295-5302, WELL BEGAN FLOWING. SHUT WELL IN FOR WEEKEND. FLOW TEST 03/22/2010. SHUT WELL IN, WAIT ON PIPELINE.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 03/22/2010 Hours: 8 Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 327 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 301 Tubing PSI: 103 Choke Size: 24/64

Gas Disposition: FLARED Gas Type: DRY BTU Gas: 690 API Gravity Oil:

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5300 Tbg setting date: 07/28/2010 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: MATHEW GOOLSBY

Title: VP-OPERATIONS Date: 8/5/2010 Email MATGOOLSBY@VECTA-DENVER.COM
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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: David S. Neslin Director of COGCC Date: 9/21/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2586360	FORM 5A SUBMITTED	LF@2537768 2586360

Total Attach: 1 Files