

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:

2555029

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: 10205 4. Contact Name: JUBAL S. TERRY  
 2. Name of Operator: NEW FRONTIER ENERGY INC Phone: (303) 730-9994  
 3. Address: 1789 W LITTLETON BLVD Fax: (303) 730-9985  
 City: LITTLETON State: CO Zip: 80120

5. API Number 05-081-07395-00 6. County: MOFFAT  
 7. Well Name: BM FEDERAL Well Number: 13-12  
 8. Location: QtrQtr: SWSW Section: 13 Township: 12N Range: 89W Meridian: 6  
 9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: ILES COAL Status: PRODUCING  
 Treatment Date: 02/19/2008 Date of First Production this formation: 02/28/2008  
 Perforations Top: 1520 Bottom: 1628 No. Holes: 102 Hole size: 38/100  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 03/03/2008 Hours: 24 Bbls oil: 0 Mcf Gas: 1 Bbls H2O: 820  
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1 Bbls H2O: 820 GOR: 0  
 Test Method: flowing Casing PSI: \_\_\_\_\_ Tubing PSI: 10 Choke Size: 2  
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 998 API Gravity Oil: \_\_\_\_\_  
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 1657 Tbg setting date: 03/02/2008 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: \_\_\_\_\_

Comment: \_\_\_\_\_

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.  
 Signed: \_\_\_\_\_ Print Name: JUBAL S. TERRY  
 Title: EXPLORATION MANAGER Date: 3/28/2008 Email JTERRY@NFEINC.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved *David S. Noshin*

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: 11/8/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2555029	FORM 5A SUBMITTED	LF@2501691 2555029

Total Attach: 1 Files