

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:

2556123

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: 8840
2. Name of Operator: BLUE CHIP OIL INC
3. Address: 155 E BOARDWALK DR STE 400
City: FORT COLLINS State: CO Zip: 80525
4. Contact Name: TIM HAGER
Phone: (970) 493-6456
Fax: (970) 213-4365

5. API Number 05-123-22980-00
6. County: WELD
7. Well Name: JERVIS Well Number: 21-14
8. Location: QtrQtr: NENW Section: 14 Township: 2N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: SHUT IN

Treatment Date: 05/04/2010 Date of First Production this formation: _____

Perforations Top: 7515 Bottom: 7545 No. Holes: 120 Hole size: 40/100

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

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

LOW GAS PRODUCTION

Date formation Abandoned: 05/04/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: 2

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/05/2010 Date of First Production this formation: 05/17/2010

Perforations Top: 6820 Bottom: 7057 No. Holes: 204 Hole size: 38/100

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

FRACED THE CODELL WITH 65,000 GAL FR WATER 55800 GAL OF PHASER FRAC 18 AND 189,157# OF 20/40 SAND. FRAC THE NIO C BENCH WITH 89,100 GAL WATER 50,700 GAL PHASERFRAC FLUID AND 204,175# OF SAND. FRAC NIO B BENCH WITH 104,600 GAL OF FR WATER AND 55,600 OF PHASERFRAC FLUID

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/17/2010 Hours: 24 Bbls oil: 64 Mcf Gas: 135 Bbls H2O: 30

Calculated 24 hour rate: Bbls oil: 64 Mcf Gas: 135 Bbls H2O: 30 GOR: _____

Test Method: FLOWING Casing PSI: 600 Tubing PSI: 300 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1300 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7013 Tbg setting date: 05/12/2010 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: TIM HAGER

Title: PRESIDENT Date: 6/18/2010 Email: BLUECHIPOIL@MSN.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: *David S. Neslin* Director of COGCC Date: 11/23/2010

Attachment Check List

Att Doc Num	Name
2556123	FORM 5A SUBMITTED
2556124	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)