

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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Document Number:

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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.

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

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: <u>J SAND</u>		Status: <u>SHUT IN</u>	
Treatment Date: <u>05/04/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7515</u>	Bottom: <u>7545</u>	No. Holes: <u>120</u> Hole size: <u>40/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:			
<u>LOW GAS PRODUCTION</u>			
Date formation Abandoned: <u>05/04/2010</u>		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: <u>2</u>	

