

**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:

2071365

1. OGCC Operator Number: 56565 4. Contact Name: MICHAL K WHITE  
2. Name of Operator: MERIT ENERGY COMPANY Phone: (972) 628-1658  
3. Address: 13727 NOEL ROAD STE 500 Fax: (972) 628-1958  
City: DALLAS State: TX Zip: 75240

5. API Number 05-123-15977-00 6. County: WELD  
7. Well Name: CHURCHILL Well Number: 28-2  
8. Location: QtrQtr: NENW Section: 28 Township: 5N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>TEMPORARILY ABANDONED</u>	
Treatment Date: <u>08/05/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>6817</u>	Bottom: <u>6832</u>	No. Holes: <u>56</u> Hole size: <u>28/100</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			
<b>Test Information:</b>			
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>TEMPORARILY ABANDONED</u>			
Date formation Abandoned: <u>08/05/2010</u>		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: <u>6780</u>		Sacks cement on top: <u>1</u>	

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 08/07/2010 Date of First Production this formation: 08/25/2010

Perforations Top: 6534 Bottom: 6730 No. Holes: 324 Hole size: 27/100

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

FRAC'D W/3,936 BBLs FRAC FLUID+240,400# OTTAWA 30/50 SAND & 23,840# OTTAWA 40/70 SAND & 184 GALS SAND WEDGE.

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

**Test Information:**

Date: 08/26/2010 Hours: 24 Bbls oil: 28 Mcf Gas: 110 Bbls H2O: 20

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: 3929

Test Method: FLOWING Casing PSI: 530 Tubing PSI: 125 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1373 API Gravity Oil: 51

Tubing Size: 2 + 1/16 Tubing Setting Depth: 6515 Tbg setting date: 08/24/2010 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: MICHAL KARAM WHITE

Title: REGULATORY ANALYST Date: 9/23/2010 Email: MICHAL.WHITE@MERITENERGY.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 G. Neslin Director of COGCC Date: 12/22/2010

**Attachment Check List**

Att Doc Num	Name
2071365	FORM 5A SUBMITTED
2071366	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)