

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:
2071369

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

5. API Number 05-123-25248-00
6. County: WELD
7. Well Name: STROH Well Number: 5
8. Location: QtrQtr: SENW Section: 24 Township: 4N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 08/12/2010 Date of First Production this formation: 08/13/2010
Perforations Top: 6985 Bottom: 7318 No. Holes: 414 Hole size: 41/100
Provide a brief summary of the formation treatment: DRILLED OUT CIBP@7270'. COMMINGLED NIOBRARA AND CODELL. Open Hole:
This formation is commingled with another formation: Yes No
Test Information:
Date: 08/15/2010 Hours: 24 Bbls oil: 17 Mcf Gas: 360 Bbls H2O: 3
Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 21176
Test Method: FLOWING Casing PSI: 600 Tubing PSI: 400 Choke Size: 0
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1233 API Gravity Oil: 57
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7295 Tbg setting date: 08/12/2010 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: 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 S. Neslin

Director of COGCC

Date: 12/22/2010

Attachment Check List

Att Doc Num	Name
2071369	FORM 5A SUBMITTED
2071370	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)