

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:

400111658

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: 76840 4. Contact Name: Jeff Schneider
 2. Name of Operator: SCHNEIDER ENERGY SERVICES INC Phone: (970) 867-9437
 3. Address: P O BOX 297 Fax: (970) 867-9137
 City: FORT MORGAN State: CO Zip: 80701

5. API Number 05-123-05571-00 6. County: WELD
 7. Well Name: STATE Well Number: 1
 8. Location: QtrQtr: NENE Section: 16 Township: 8N Range: 61W Meridian: 6
 9. Field Name: SEVEN CROSS Field Code: 77000

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 08/07/2009 Date of First Production this formation: 08/18/2009

Perforations Top: 7172 Bottom: 7180 No. Holes: 34 Hole size: 3/8

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

Pumed 500 gals of 15% HCL and frac'd with 384 bbls of gelled water and 25,000#'s of 20/40 frac sand.
ISIP= 4120 PSI, 5 Minute = 3266.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/18/2009 Hours: 24 Bbls oil: 10 Mcf Gas: 10 Bbls H2O: 102

Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 10 Bbls H2O: 102 GOR: 1

Test Method: Pump Casing PSI: 25 Tubing PSI: 25 Choke Size: _____

Gas Disposition: VENTED Gas Type: WET BTU Gas: 0 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7120 Tbg setting date: 08/10/2009 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: Jeff Schneider

Title: President Date: 11/29/2010 Email jeff@schneiderenergy.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: 1/20/2011

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400111658 | FORM 5A SUBMITTED |
| 400111676 | |

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)