

**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



DE ET OE ES

Document Number:

400111658

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: 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: <u>J SAND</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>08/07/2009</u>	Date of First Production this formation: <u>08/18/2009</u>
Perforations Top: <u>7172</u> Bottom: <u>7180</u>	No. Holes: <u>34</u> Hole size: <u>3/8</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Pumped 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>08/18/2009</u> Hours: <u>24</u> Bbls oil: <u>10</u> Mcf Gas: <u>10</u> Bbls H2O: <u>102</u>	
Calculated 24 hour rate:	Bbls oil: <u>10</u> Mcf Gas: <u>10</u> Bbls H2O: <u>102</u> GOR: <u>1</u>
Test Method: <u>Pump</u> Casing PSI: <u>25</u> Tubing PSI: <u>25</u> Choke Size: <u></u>	
Gas Disposition: <u>VENTED</u> Gas Type: <u>WET</u> BTU Gas: <u>0</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7120</u> Tbg setting date: <u>08/10/2009</u> Packer Depth: <u></u>	
Reason for Non-Production: <div></div>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

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

User Group

Comment

Comment Date

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Total: 0 comment(s)