

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:

2584823

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: 90950 4. Contact Name: LARRY ROBBINS
 2. Name of Operator: UNIOIL Phone: (303) 860-5822
 3. Address: 1775 SHERMAN ST STE 3000 Fax: (303) 860-5838
 City: DENVER State: CO Zip: 80203

5. API Number 05-123-31084-00 6. County: WELD
 7. Well Name: REICHERT Well Number: 29DDU
 8. Location: QtrQtr: NWSE Section: 29 Township: 4N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 08/09/2010 Date of First Production this formation: _____

Perforations Top: 7562 Bottom: 7570 No. Holes: 24 Hole size: 9/25

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

FRAC'D CODELL WITH 476 BBLs OF SLICKWATER PAD, 145 BBLs OF PHASER 22# PAD, 1975 BBLs OF PHASER 22# FLUID SYSTEM AND 225600 LBS OF 30/50 WHITE SAND.

This formation is commingled with another formation: Yes 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: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/09/2010 Date of First Production this formation: _____

Perforations Top: 7260 Bottom: 7570 No. Holes: 58 Hole size: 36/100

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

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/01/2010 Hours: 24 Bbls oil: 71 Mcf Gas: 171 Bbls H2O: 23

Calculated 24 hour rate: _____ Bbls oil: 71 Mcf Gas: 171 Bbls H2O: 23 GOR: 2408

Test Method: FLOWING Casing PSI: 1038 Tubing PSI: _____ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1263 API Gravity Oil: 49

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 08/09/2010 Date of First Production this formation: _____

Perforations Top: 7260 Bottom: 7422 No. Holes: 34 Hole size: 21/50

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

PERF'D NIOBRARA "A" 7260-7262 (4 HOLES), NIOBRARA "B" 7342-7350 (24 HOLES), NIOBRARA "C" 7420-7422 (6 HOLES)
 FRAC'D NIOBRARA WITH 24 BBLS OF 15% HCL, 1548 BBLS SLICKWATER PAD, 145 BBKS IF OGASER 20# PAD, 2201 BBLS
 OF PHASER 20# FLUID SYSTEM AND 250000 LBS OF 30/50 WHITE SAND

This formation is commingled with another formation: Yes 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: _____

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: LARRY ROBBINS

Title: REGULATORY AGENT Date: 10/21/2010 Email: LROBBINS@PETD.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: 1/27/2011

Attachment Check List

Att Doc Num	Name
2584823	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)