

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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Document Number:

2584823

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: 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: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>08/09/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>7562</u> Bottom: <u>7570</u> No. Holes: <u>24</u> Hole size: <u>9/25</u>	
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: <u>NIOBRARA-CODELL</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>08/09/2010</u>		Date of First Production this formation: _____			
Perforations	Top: <u>7260</u>	Bottom: <u>7570</u>	No. Holes: <u>58</u>	Hole size: <u>36/100</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					
Test Information:					
Date: <u>09/01/2010</u>	Hours: <u>24</u>	Bbls oil: <u>71</u>	Mcf Gas: <u>171</u>	Bbls H2O: <u>23</u>	
Calculated 24 hour rate:		Bbls oil: <u>71</u>	Mcf Gas: <u>171</u>	Bbls H2O: <u>23</u>	GOR: <u>2408</u>
Test Method: <u>FLOWING</u>		Casing PSI: <u>1038</u>	Tubing PSI: _____	Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1263</u>	API Gravity Oil: <u>49</u>	
Tubing Size: _____		Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: _____					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: <u>NIOBRARA</u>			Status: <u>COMMINGLED</u>		
Treatment Date: <u>08/09/2010</u>		Date of First Production this formation: _____			
Perforations	Top: <u>7260</u>	Bottom: <u>7422</u>	No. Holes: <u>34</u>	Hole size: <u>21/50</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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)