

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:

2584815

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 05-123-31083-00 6. County: WELD
7. Well Name: Reichert Well Number: 33-29DU
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>08/04/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7378</u>	Bottom: <u>7386</u>	No. Holes: <u>24</u> Hole size: <u>36/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
FRAC'D CODELL WITH 478 BBLS OF SLICKWATER PAD, 143 BBLS OF PHASER 22# PAD, 1966 BBLS OF PHASER 22# FLUID SYSTEM AND 225500 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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/04/2010 Date of First Production this formation: 08/10/2010

Perforations Top: 7104 Bottom: 7386 No. Holes: 52 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: 52 Mcf Gas: 115 Bbls H2O: 15

Calculated 24 hour rate: _____ Bbls oil: 52 Mcf Gas: 115 Bbls H2O: 15 GOR: 2212

Test Method: FLOWING Casing PSI: 1025 Tubing PSI: _____ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1393 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: 08/04/2010 Date of First Production this formation: _____

Perforations Top: 7104 Bottom: 7238 No. Holes: 28 Hole size: 42/100

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

PERF'D NIOBRARA "A" 7104'-7106' (4 HOLES), NIOBRARA "B" 7176'-7180' (12 HOLES), NIOBRARA "C" 7234'-7238' (12 HOLES). FRAC'D NIOBRARA WITH 24 BBLs OF 15% HCL, 1548 BBLs SLICKWATER PAD, 143 BBLs OF PHASER 20# PAD, 2238 BBLs OF PHASER 20# FLUID SYSTEM AND 250840 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: Y Print Name: LARRY ROBBINS

Title: REGULATORY Date: 10/15/2010 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: 1/28/2011

Attachment Check List

Att Doc Num	Name
2584815	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)