

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:

2584815

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: CODELL Status: COMMINGLED

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

Perforations Top: 7378 Bottom: 7386 No. Holes: 24 Hole size: 36/100

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

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:  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: 08/04/2010 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)