

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:

2566379

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: 91755 4. Contact Name: RYAN BRUNER
2. Name of Operator: UNITED STATES EXPLORATION INC Phone: (303) 228-4158
3. Address: _____ Fax: (303) 228-4286
City: _____ State: MT Zip: _____

5. API Number 05-123-24545-00 6. County: WELD
7. Well Name: WEST IRRIGATION-USX AB Well Number: 33-15
8. Location: QtrQtr: SWSE Section: 33 Township: 7N Range: 64W Meridian: 6
9. Field Name: GALETON Field Code: 27930

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>04/20/2007</u>		Date of First Production this formation: <u>04/30/2007</u>	
Perforations	Top: <u>7106</u>	Bottom: <u>7120</u>	No. Holes: <u>56</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>FRAC'D CODELL W/127,891 GALS OF SILVERSTIM WITH 32# GEL LOADING AND 268,927#'S OF 20/40 OTTAWA SNAD.</u>			
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>04/20/2007</u>		Date of First Production this formation: <u>04/30/2007</u>			
Perforations	Top: <u>6808</u>	Bottom: <u>7120</u>	No. Holes: <u>184</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;"> COMMINGLE CODELL AND NIOBRARA. </div>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>05/18/2007</u>	Hours: _____	Bbls oil: <u>30</u>	Mcf Gas: <u>80</u>	Bbls H2O: <u>3</u>	
Calculated 24 hour rate:		Bbls oil: <u>30</u>	Mcf Gas: <u>80</u>	Bbls H2O: <u>3</u>	GOR: <u>2666</u>
Test Method: <u>FLOWING</u>		Casing PSI: <u>175</u>	Tubing PSI: <u>0</u>	Choke Size: <u>20/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1218</u>	API Gravity Oil: <u>46</u>	
Tubing Size: _____		Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production:					
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
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>04/20/2007</u>		Date of First Production this formation: <u>04/30/2007</u>			
Perforations	Top: <u>6808</u>	Bottom: <u>6951</u>	No. Holes: <u>128</u>	Hole size: <u>42/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;"> FRAC'D NIOBRARA W/70,056 GALS OF SLICKWATER 99,818 GALS OF SILVERSTIM WITH 25# GEL LOADING AND 255,343#S OF 30/50 PROPPANT. </div>					
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:					
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
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: RYAN BRUNER

Title: REGULATORY SPECIALIST Date: 6/12/2007 Email: RBRUNER@NOBLEENERGYINC.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: 1/31/2011

Attachment Check List

Att Doc Num	Name
2566379	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)