

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:

2566379

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: CODELL Status: COMMINGLED  
 Treatment Date: 04/20/2007 Date of First Production this formation: 04/30/2007  
 Perforations Top: 7106 Bottom: 7120 No. Holes: 56 Hole size: 42/100  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
FRAC'D CODELL W/127,891 GALS OF SILVERSTIM WITH 32# GEL LOADING AND 268,927#S OF 20/40 OTTAWA SNAD.  
 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: 04/20/2007 Date of First Production this formation: 04/30/2007

Perforations Top: 6808 Bottom: 7120 No. Holes: 184 Hole size: \_\_\_\_\_

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

COMMINGLE CODELL AND NIOBRARA.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 05/18/2007 Hours: \_\_\_\_\_ Bbls oil: 30 Mcf Gas: 80 Bbls H2O: 3

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 30 Mcf Gas: 80 Bbls H2O: 3 GOR: 2666

Test Method: FLOWING Casing PSI: 175 Tubing PSI: 0 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1218 API Gravity Oil: 46

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: 04/20/2007 Date of First Production this formation: 04/30/2007

Perforations Top: 6808 Bottom: 6951 No. Holes: 128 Hole size: 42/100

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

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.

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: 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**

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

Total: 0 comment(s)