

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:

2566380

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: 72085 4. Contact Name: SUSAN MILLER
2. Name of Operator: PETRO-CANADA RESOURCES (USA) INC Phone: (303) 297-2300
3. Address: 999 18TH ST STE 600 Fax: (303) 297-7708
City: DENVER State: CO Zip: 80202-24

5. API Number 05-123-26342-00 6. County: WELD
7. Well Name: DILLARD Well Number: 4-44
8. Location: QtrQtr: SESE Section: 4 Township: 7N Range: 64W Meridian: 6
9. Field Name: TOM CAT Field Code: 82390

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>12/23/2007</u>	Date of First Production this formation: <u>03/20/2008</u>
Perforations Top: <u>7052</u> Bottom: <u>7064</u>	No. Holes: <u>48</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/245,431# 30/50 SAND USING 81,878 GAL 26# SILVERSTIM.</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: NIOBRARA		Status: COMMINGLED		
Treatment Date: 12/23/2007		Date of First Production this formation: 03/20/2008		
Perforations	Top: 6947	Bottom: 6966	No. Holes: 76	Hole size: 42/100
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
FRAC'D NIOBRARA W/223,336# 30/50 AND 0# SB EXEL SAND USING 87,503 GAL 26# SILVERSTIM.(RAN OUT OF WATER)				
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:		

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: SUSAN MILLER

Title: REGULATORY ANALYST Date: 1/27/2011 Email: SUSAN.MILLER@PETRO-CANADA.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
2566380	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)