

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:
2566380

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: CODELL Status: COMMINGLED
Treatment Date: 12/23/2007 Date of First Production this formation: 03/20/2008
Perforations Top: 7052 Bottom: 7064 No. Holes: 48 Hole size: 42/100
Provide a brief summary of the formation treatment: Open Hole:
FRAC'D CODELL W/245,431# 30/50 SAND USING 81,878 GAL 26# SILVERSTIM.
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: 12/23/2007 Date of First Production this formation: 03/20/2008

Perforations Top: 6947 Bottom: 7064 No. Holes: 124 Hole size: 42/100

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

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/12/2008 Hours: 24 Bbls oil: 3 Mcf Gas: 4 Bbls H2O: 3

Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 4 Bbls H2O: 3 GOR: _____

Test Method: FLOWING Casing PSI: 150 Tubing PSI: 210 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1395 API Gravity Oil: 42

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7032 Tbg setting date: 01/25/2008 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: 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:

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: 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: 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)