

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:

2509134

## 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: 55575

4. Contact Name: DEB POWELL

2. Name of Operator: MCELVAIN OIL & GAS PROPERTIES

Phone: (303) 893-0933 EX308

3. Address: 1050 17TH ST STE 2500

Fax: (303) 893-0914

City: DENVER State: CO Zip: 80265-20

5. API Number 05-067-09653-00

6. County: LA PLATA

7. Well Name: PAYNE

Well Number: 11

8. Location: QtrQtr: NWNE Section: 17 Township: 32N Range: 6W Meridian: N

9. Field Name: IGNACIO BLANCO Field Code: 38300

### Completed Interval

FORMATION: FRUITLAND COAL

Status: PRODUCING

Treatment Date: 06/06/2010

Date of First Production this formation: 06/24/2010

Perforations	Top:	2940	Bottom:	3059	No. Holes:	138	Hole size:	43/100
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Provide a brief summary of the formation treatment:

Open Hole: ☒

LWR COAL - 1000 GAL 15% HCL, 1,908 BBLS 2% KCL, 9,832# 20/40 SAND, 73,765# 16/30 SAND, 19,712# 16/30 ACTIVATED  
CRC. UPPR COAL - 500 GAL 15% HCL, 2016 GAL 2% KCL, 10,010# 20/40, 59,568# 16/30, 43,712# 16/30 ACTIVATED CRC.

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date:	06/14/2010	Hours:	5	Bbls oil:	0	Mcf Gas:	78	Bbls H2O:	18
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	374	Bbls H2O:	85	GOR:
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Test Method: FLOWING	Casing PSI: 500	Tubing PSI: 220	Choke Size: 3/8
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Gas Disposition:	VENTED	Gas Type:	COAL GAS	BTU Gas:	994	API Gravity Oil:	0
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Tubing Size: 2 + 7/8      Tubing Setting Depth: 3123      Tbg setting date: 06/10/2010      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: DEBORAH POWELL

Title: ENG TECH SUPERVISOR                      Date: 7/7/2010                      Email: DEBBYP@MCELVAIN.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: 2/16/2011

**Attachment Check List**

Att Doc Num	Name
2509134	FORM 5A SUBMITTED
2509135	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)