

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:

2509136

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 X308
3. Address: 1050 17TH ST STE 2500 Fax: (303) 893-0914
City: DENVER State: CO Zip: 80265-20

5. API Number 05-067-09651-00 6. County: LA PLATA
7. Well Name: PAYNE Well Number: 22
8. Location: QtrQtr: SWSE 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: 06/18/2010 Date of First Production this formation: 06/30/2010
Perforations Top: 3097 Bottom: 3245 No. Holes: 109 Hole size: 43/100
Provide a brief summary of the formation treatment: Open Hole: ☐
LWR COAL - 81,458 GAL 25# GEL, 10,000# 20/40 SND, 76,000# 16/30 SND, 28,171# 16/30 SUPERLC. UPPR COAL - 1000 GAL 15% HCL, 42,500 GAL 25# LINEAR GEL, 10,380# 20/40 SND, 61,180# 16/30 SAND, 24,869# 16/30 SUPERLC.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 06/22/2010 Hours: 6 Bbls oil: 0 Mcf Gas: 114 Bbls H2O: 2
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 454 Bbls H2O: 103 GOR:
Test Method: FLOWING Casing PSI: 600 Tubing PSI: 255 Choke Size: 3/8
Gas Disposition: VENTED Gas Type: COAL GAS BTU Gas: 981 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 3262 Tbg setting date: 06/21/2010 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
2509136	FORM 5A SUBMITTED
2509137	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)