

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

2509136

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**

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

Total: 0 comment(s)