

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:

2510654

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 05-125-11812-00 6. County: YUMA
7. Well Name: Meeker Well Number: 20-13
8. Location: QtrQtr: SWSW Section: 20 Township: 2S Range: 46W Meridian: 6
9. Field Name: MILDRED WEST Field Code: 54985

Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>06/14/2010</u>	Date of First Production this formation: <u>06/26/2010</u>
Perforations Top: <u>2412</u> Bottom: <u>2442</u>	No. Holes: <u>90</u> Hole size: <u>45/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>500BGAL 7.5% HCL, 10,000 GAL 25 # MAV 3 GUAR GEL, 45,020 # 16/30 SAND, 55,240# 12/20 SND.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>07/06/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>91</u> Bbls H2O: <u>15</u>	
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>91</u> Bbls H2O: <u>15</u> GOR: <u> </u>
Test Method: <u>FLOWING</u> Casing PSI: <u>498</u> Tubing PSI: <u>490</u> Choke Size: <u> </u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>995</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>2416</u> Tbg setting date: <u>06/30/2010</u> Packer Depth: <u> </u>	
Reason for Non-Production: <u> </u>	
Date formation Abandoned: <u> </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u>	
Bridge Plug Depth: <u> </u> Sacks cement on top: <u> </u>	

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: 7/19/2010 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
2510654	FORM 5A SUBMITTED
2510656	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)