

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:

2510654

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: NIOBRARA Status: PRODUCING

Treatment Date: 06/14/2010 Date of First Production this formation: 06/26/2010

Perforations Top: 2412 Bottom: 2442 No. Holes: 90 Hole size: 45/100

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

500BGAL 7.5% HCL, 10,000 GAL 25 # MAV 3 GUAR GEL, 45,020 # 16/30 SAND, 55,240# 12/20 SND.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 07/06/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 91 Bbls H2O: 15

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 91 Bbls H2O: 15 GOR:         

Test Method: FLOWING Casing PSI: 498 Tubing PSI: 490 Choke Size:         

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 995 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 2416 Tbg setting date: 06/30/2010 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: 7/19/2010 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)