

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:

2510951

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 05-125-11856-00 6. County: YUMA
7. Well Name: Maroon Well Number: 18-14
8. Location: QtrQtr: SESW Section: 18 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: 06/29/2010
Perforations Top: 2428 Bottom: 2454 No. Holes: 78 Hole size: 45/100
Provide a brief summary of the formation treatment: Open Hole: ☐
500 GAL 7.5% HCL, 13,300 GAL25# MAV 3 GUAR GEL, 50,040 # 16/30 SAND, 50,000# 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: 80 Bbls H2O: 13
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 80 Bbls H2O: 13 GOR:
Test Method: FLOWING Casing PSI: 324 Tubing PSI: 45 Choke Size:
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 995 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 2421 Tbg setting date: 07/01/2010 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
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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
2510951	FORM 5A SUBMITTED
2510952	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)