

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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COMPLETED INTERVAL REPORT

Document Number:
2555703

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: 8667
2. Name of Operator: PETROGLYPH ENERGY INC
3. Address: 555 S COLE RD
City: BOISE State: ID Zip: 83707
4. Contact Name: TOM MELLAND
Phone: (719) 742-5570
Fax: (719) 742-5571

5. API Number 05-055-06265-00
6. County: HUERFANO
7. Well Name: ANSELMO Well Number: 07-12
8. Location: QtrQtr: NWSW Section: 7 Township: 29S Range: 66W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: VERMEJO COAL Status: SHUT IN

Treatment Date: 09/22/2010 Date of First Production this formation: 06/26/2002

Perforations Top: 1326 Bottom: 1527 No. Holes: 224 Hole size: 40/100

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

06/14/2002 PERFS (1474-1478 1493-1505 1519-1527) TREATED WITH 2400 GALS 7.5% HCL ACID.
10/07/2003 PERFS (1326-1330 1339-1342 1362-1365 1384-1391 1397-1405 1417-1420) TREATED WITH 2800 GALS 7.5% HCL ACID.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: THOMAS MELLAND

Title: DISTRICT MANAGER Date: 5/26/2010 Email TMELLAND@PGEI.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: 2/18/2011

Attachment Check List

Att Doc Num	Name
2555703	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)