

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:

2555691

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

5. API Number 05-055-06253-00 6. County: HUERFANO
7. Well Name: MARTINEZ Well Number: 08-04
8. Location: QtrQtr: NWNW Section: 8 Township: 29S Range: 66W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

| | |
|---|---|
| FORMATION: <u>VERMEJO COAL</u> | Status: <u>SHUT IN</u> |
| Treatment Date: <u>06/15/2010</u> | Date of First Production this formation: <u>12/20/2001</u> |
| Perforations Top: <u>1068</u> Bottom: <u>1221</u> | No. Holes: <u>96</u> Hole size: <u>40/100</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| <u>11/19/2001 PERFS (1114-1118 1168-1170 1175-1177 1206-1211 1220-1221) TREATED WITH 1400 GALS 7.5% HCL ACID.</u> <u>02/15/2005 PERFS (1068-1070 1079-1081 1087-1090 1129-1132) TREATED WITH 1000 GALS 15% HCL ACID.</u> | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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 |
|-------------|-------------------|
| 2555691 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)