

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:

2555687

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 05-055-06172-00 6. County: HUERFANO  
 7. Well Name: MARTINEZ Well Number: 7-11  
 8. Location: QtrQtr: NESW 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: 06/15/2010 Date of First Production this formation: 03/25/2000

Perforations Top: 1318 Bottom: 1497 No. Holes: 140 Hole size: 40/100

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

03/13/2000 PERFS (1449-1451 1465-1467 1493-1497) TREATED WITH 900 GALS 15% HCL ACID.  
 10/15/2003 PERFS (1318-1322 1334-1338 1355-1357 1376-1380 1384-1388 1395-1399 1404-1408) TREATED WITH 2600 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
2555687	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)