

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:

1882825

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: 19160 4. Contact Name: JUSTIN FIRKINS
2. Name of Operator: CONOCO PHILLIPS COMPANY Phone: (432) 688-6913
3. Address: P O BOX 2197 Fax: (432) 688-6019
City: HOUSTON State: TX Zip: 77252-21

5. API Number 05-045-14407-00 6. County: GARFIELD
7. Well Name: N.PARACHUTE Well Number: CPO2A-03 A03 59
8. Location: QtrQtr: NENE Section: 3 Township: 5S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

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|---|--|
| FORMATION: <u>WILLIAMS FORK</u> | Status: <u>PRODUCING</u> |
| Treatment Date: <u>12/21/2007</u> | Date of First Production this formation: <u>01/22/2008</u> |
| Perforations Top: <u>9962</u> Bottom: <u>11255</u> | No. Holes: <u>332</u> Hole size: <u>3 + 1/8</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| <u>178,661 LBS 40/70 PROPPANT; 465,233 LBS 30/50 PROPPANT; 152,177 LBS 100 MESH SAND 35789.93 BBL SLICKWATER</u> | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: <u>01/22/2008</u> Hours: <u>24</u> Bbls oil: _____ Mcf Gas: <u>957</u> Bbls H2O: _____ | |
| Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____ | |
| Test Method: <u>FLOWING</u> Casing PSI: <u>700</u> Tubing PSI: _____ Choke Size: <u>34/64</u> | |
| Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1053</u> API Gravity Oil: _____ | |
| Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>8383</u> Tbg setting date: <u>04/14/2008</u> 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: Y Print Name: JUSTIN C. FIRKINS
Title: REG SPECIALIST Date: 4/24/2008 Email: _____

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 G. Neslin
Director of COGCC

Date: 2/18/2011

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 0 comment(s)