

**FORM
5A**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

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.

Document Number:

400101080

1. OGCC Operator Number: 10267 4. Contact Name: Mathew Goolsby
2. Name of Operator: VECTA OIL & GAS LTD Phone: (303) 618-7736
3. Address: 575 UNION BLVD #208 Fax: (303) 945-2869
City: LAKEWOOD State: CO Zip: 80228

5. API Number 05-017-07691-00 6. County: CHEYENNE
7. Well Name: SHAVANO Well Number: 43-35
8. Location: QtrQtr: NESE Section: 35 Township: 13S Range: 46W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: <u>OSAGE</u>	Status: <u>ABANDONED COMPLETION</u>
Treatment Date: <u>02/12/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>5725</u> Bottom: <u>5729</u>	No. Holes: <u>16</u> Hole size: <u>0.52</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<p>Perfed 5725 - 5729 w/ 4 spf. Swabbed dry. Acidized w/ 500 gal 15%, 20 ball sealers, 33 bbls 2% KCl displacement. Total load 45 bbl. Broke at 2200 psi, pumped away at 3.4 bpm, saw ball action with 6 bbl acid on perfs. Swabbed back 45 bbls first afternoon w/ slight (1%) oil cut. Set CIBP 5710 w/ 2 sks. RDMO</p>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>02/15/2010</u> Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____	Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>swabbing</u>	Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____	Gas Type: _____ BTU Gas: <u>0</u> API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>5707</u>	Tbg setting date: <u>02/11/2010</u> Packer Depth: <u>5683</u>
Reason for Non-Production:	
<u>Insufficient oil cut.</u>	
Date formation Abandoned: <u>02/15/2010</u>	Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>5710</u>	Sacks cement on top: <u>2</u>

FORMATION: SPERGEN Status: ABANDONED COMPLETION

Treatment Date: 03/04/2010 Date of First Production this formation: _____

Perforations Top: 5605 Bottom: 5617 No. Holes: 48 Hole size: 0.52

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

perfed 5605 - 5617 w/ 4 spf. Acidize w/ 1200 gal 15% HCl sequestered + 33 bbl 2% KCl displacement, 50 ball sealers. Broke at 2200 psi, back to 1200, then gradually back to 50 psi @ 4.0 bpm. Total load to recover 63. Swabbed for 6 days, recovering 120 bbl total. Recovering water w/ show of oil. Set CIBP 5600 w/ 2 sks. PBTD 5590.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 03/15/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0

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

Gas Disposition: _____ Gas Type: _____ BTU Gas: 0 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5707 Tbg setting date: 03/15/2010 Packer Depth: 5586

Reason for Non-Production:

Non commercial rate and cut.

Date formation Abandoned: 03/21/2010 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: 5600 Sacks cement on top: 2

FORMATION: ST LOUIS Status: PRODUCING

Treatment Date: 05/28/2010 Date of First Production this formation: 06/10/2010

Perforations Top: 5536 Bottom: 5540 No. Holes: 16 Hole size: 0.52

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

Perfed 5536 - 5540 w/ 4 spf. Pumped 400 gal 15% sequestered HCl. Displaced w/ 32 bbl 2% KCl. Slowly built to 1020, then broke back to 800 psi, then to 60 psi. Total load to recover 42 bbl. First swab run tagged 3100 and pulled 1100 w/ 50% oil cut. By 4th swab run had recovered load + 48 BO, swabbing 100% oil w/ fluid entry 3500 fph. End of day had swabbed load + 136 BO. POP.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 06/12/2010 Hours: 24 Bbls oil: 153 Mcf Gas: _____ Bbls H2O: 7

Calculated 24 hour rate: _____ Bbls oil: 153 Mcf Gas: 0 Bbls H2O: 7 GOR: 0

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

Gas Disposition: _____ Gas Type: _____ BTU Gas: 0 API Gravity Oil: 34

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5579 Tbg setting date: 06/01/2010 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: Mathew Goolsby

Title: VP-Operations

Date: 10/15/2010

Email matgoolsby@vecta-denver.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: 2/21/2011

Attachment Check List

Att Doc Num	Name
400101080	FORM 5A SUBMITTED
400101116	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)