

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400135863

**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: 10332 4. Contact Name: Christopher Noonan  
2. Name of Operator: PATARA OIL & GAS LLC Phone: (303) 820-4480  
3. Address: 333 CLAY STREET, STE #3960 Fax: (303) 820-4124  
City: HOUSTON State: TX Zip: 77002

5. API Number 05-113-06254-00 6. County: SAN MIGUEL  
7. Well Name: ANDY'S MESA FED Well Number: 75  
8. Location: QtrQtr: SESE Section: 28 Township: 44N Range: 16W Meridian: N  
9. Field Name: ANDY'S MESA Field Code: 2500

Completed Interval

FORMATION: HONAKER TRAIL Status: PRODUCING  
Treatment Date: 11/21/2010 Date of First Production this formation: 12/08/2010  
Perforations Top: 6816 Bottom: 7670 No. Holes: 180 Hole size: \_\_\_\_\_  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 11/27/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 3 Bbls H2O: 89  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 3 Bbls H2O: 89 GOR: \_\_\_\_\_  
Test Method: Flow Casing PSI: \_\_\_\_\_ Tubing PSI: 570 Choke Size: 32/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7250 Tbg setting date: 12/01/2010 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: Christopher A. Noonan

Title: Permit Agent Date: \_\_\_\_\_ Email bob@banko1.com

### Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)