

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:

400135863

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

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

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

Total: 0 comment(s)