

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:

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**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: 56565 4. Contact Name: Arlene Valliquette  
2. Name of Operator: MERIT ENERGY COMPANY Phone: (972) 628-1558  
3. Address: 13727 NOEL ROAD STE 500 Fax: (972) 628-1858  
City: DALLAS State: TX Zip: 75240

5. API Number 05-123-29053-00 6. County: WELD  
7. Well Name: ADAMSON Well Number: 5  
8. Location: QtrQtr: NWSW Section: 28 Township: 5N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: _____	Date of First Production this formation: _____
Perforations Top: <u>6929</u> Bottom: <u>6945</u>	No. Holes: <u>96</u> Hole size: <u>0.4</u>
Provide a brief summary of the formation treatment: _____	Open Hole: <input type="checkbox"/>
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
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: _____	
<u>Temporarily abandoned to test Niobrara formation</u>	
Date formation Abandoned: <u>01/17/2011</u>	Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>6910</u>	Sacks cement on top: <u>2</u>

FORMATION: NIOBARRA Status: PRODUCING

Treatment Date: 01/21/2011 Date of First Production this formation: 01/22/2011

Perforations Top: 6643 Bottom: 6838 No. Holes: 330 Hole size: 0.4

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

Frac'd Niobrara perforations with 4264 bbls Silverstim plus 240,100# of Ottawa 30/50 sand & 24,060# of Ottawa 40/70 sand.

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

**Test Information:**

Date: 02/14/2011 Hours: 24 Bbls oil: 35 Mcf Gas: 164 Bbls H2O: 29

Calculated 24 hour rate: Bbls oil: 35 Mcf Gas: 164 Bbls H2O: 29 GOR: 4686

Test Method: Flowing Casing PSI: 520 Tubing PSI: 160 Choke Size:

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1405 API Gravity Oil: 55

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6629 Tbg setting date: 02/11/2011 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: Arlene Valliquette

Title: Regulatory Manager Date:  Email arlene.valliquette@meritenergy.com

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**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)