


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table>	DE	ET	OE	ES				
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COMPLETED INTERVAL REPORT			Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">2591296</div>								
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.											
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Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>											
<div style="border: 1px solid black; padding: 5px;"> PIMPED 2400 GALS OF 7.5% ACID DOUBLE INHIBITOR, LO-SURFACTANT, 1000 GALS OF 7 1/2% FE ACID WITH DOUBLE INHIBITOR, IRON SEQ. 1835 MSCF N2, 46155 GALS OD 13CP DELTA 140 FRAC FLUID WITH SWNT, 124,561 GALS OF 140 FRAC FLUID WITH SWNT. 1908 SKS OF 20/40 BRADY SAND COATED WITH SWNT. </div>											
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Test Information:											
<table style="width: 100%;"> <tr> <td>Date: <u>09/01/2010</u></td> <td>Hours: <u>24</u></td> <td>Bbls oil: <u>0</u></td> <td>Mcf Gas: <u>0</u></td> <td>Bbls H2O: <u>5</u></td> </tr> </table>				Date: <u>09/01/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>0</u>	Bbls H2O: <u>5</u>			
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Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>											
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>											

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: SHARLA BEMROSE

Title: PRDUCTION Date: 10/4/2010 Email AMACKEY1@ELMRIDGE.NET
:

Attachment Check List

Att Doc Num	Name
2591296	FORM 5A SUBMITTED
2591297	OPERATIONS SUMMARY
2591298	OPERATIONS SUMMARY
2591299	OTHER

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)