

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

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: 26625 4. Contact Name: AMY MACKEY
2. Name of Operator: ELM RIDGE EXPLORATION CO LLC Phone: (505) 632-3476 X201
3. Address: 12225 GREENVILLE AVE STE 950 Fax: (505) 632-8151
City: DALLAS State: TX Zip: 95243

5. API Number 05-067-09608-00 6. County: LA PLATA
7. Well Name: IGW Well Number: 151
8. Location: QtrQtr: SENE Section: 13 Township: 33N Range: 9W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING

Treatment Date: 08/28/2010 Date of First Production this formation: 09/30/2010
Perforations Top: 3010 Bottom: 3412 No. Holes: 128 Hole size: 38/100

Provide a brief summary of the formation treatment: Open Hole: []

PIMPED 2400 GALS OF 7.5% ACID DOUBLE INHIBITOR, LO-SURFACTANT, 1000 GALS OF 7 1/2% FE ACID WITH DOUBLE INIHIATOR, 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.

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 09/01/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 5
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0
Test Method: flowing Casing PSI: 250 Tubing PSI: 50 Choke Size: 3/8
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 986 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 2980 Tbg setting date: 09/27/2010 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:

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)