


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> Document Number: <div style="text-align: center; font-weight: bold;">400108024</div>	DE	ET	OE	ES				
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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.											
<table style="width: 100%;"> <tr> <td style="width: 50%;">1. OGCC Operator Number: <u>19170</u></td> <td style="width: 50%;">4. Contact Name: <u>CLAYTON DOKE</u></td> </tr> <tr> <td>2. Name of Operator: <u>CONQUEST OIL COMPANY</u></td> <td>Phone: <u>(970) 669-7411</u></td> </tr> <tr> <td>3. Address: <u>8207 W 20TH STREET - SUITE B</u></td> <td>Fax: <u>(970) 669-4077</u></td> </tr> <tr> <td>City: <u>GREELEY</u> State: <u>CO</u> Zip: <u>80634</u></td> <td></td> </tr> </table>				1. OGCC Operator Number: <u>19170</u>	4. Contact Name: <u>CLAYTON DOKE</u>	2. Name of Operator: <u>CONQUEST OIL COMPANY</u>	Phone: <u>(970) 669-7411</u>	3. Address: <u>8207 W 20TH STREET - SUITE B</u>	Fax: <u>(970) 669-4077</u>	City: <u>GREELEY</u> State: <u>CO</u> Zip: <u>80634</u>	
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Treatment Date: _____ Date of First Production this formation: _____											
Perforations Top: <u>9174</u> Bottom: <u>9220</u> No. Holes: _____ Hole size: _____											
Provide a brief summary of the formation treatment: _____ Open Hole: <input checked="" type="checkbox"/>											
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
Test Information:											
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: _____											
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: _____											

FORMATION: <u>AMAZON</u>				Status: <u>INJECTING</u>	
Treatment Date: _____		Date of First Production this formation: _____			
Perforations	Top: <u>8897</u>	Bottom: <u>8990</u>	No. Holes: _____	Hole size: _____	
Provide a brief summary of the formation treatment: _____			Open Hole: <input checked="" type="checkbox"/>		
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
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: _____					
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: _____					

FORMATION: <u>COUNCIL GROVE</u>				Status: <u>INJECTING</u>	
Treatment Date: _____		Date of First Production this formation: _____			
Perforations	Top: <u>8990</u>	Bottom: <u>9174</u>	No. Holes: _____	Hole size: _____	
Provide a brief summary of the formation treatment: _____			Open Hole: <input checked="" type="checkbox"/>		
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
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: _____					
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: _____					

FORMATION: <u>FOUNTAIN</u>				Status: <u>INJECTING</u>	
Treatment Date: _____		Date of First Production this formation: _____			
Perforations	Top: <u>9716</u>	Bottom: <u>9799</u>	No. Holes: _____	Hole size: _____	
Provide a brief summary of the formation treatment: _____			Open Hole: <input checked="" type="checkbox"/>		
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
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: _____					
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: _____					

FORMATION: <u>LYONS</u>				Status: <u>INJECTING</u>	
Treatment Date: _____		Date of First Production this formation: _____			
Perforations	Top: <u>8505</u>	Bottom: <u>8590</u>	No. Holes: _____	Hole size: _____	
Provide a brief summary of the formation treatment: _____			Open Hole: <input checked="" type="checkbox"/>		
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
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: _____					
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: _____					

FORMATION: <u>MISSOURI</u>		Status: <u>INJECTING</u>	
Treatment Date: _____		Date of First Production this formation: _____	
Perforations	Top: <u>9462</u>	Bottom: <u>9716</u>	No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment: _____		Open Hole: <input checked="" type="checkbox"/>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Test Information:			
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: _____			
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: _____			

FORMATION: <u>VIRGIL</u>		Status: <u>INJECTING</u>	
Treatment Date: _____		Date of First Production this formation: _____	
Perforations	Top: <u>9220</u>	Bottom: <u>9462</u>	No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment: _____		Open Hole: <input checked="" type="checkbox"/>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Test Information:			
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: _____			
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: _____			

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>WOLFCAMP</u>		Status: <u>INJECTING</u>	
Treatment Date: _____		Date of First Production this formation: _____	
Perforations	Top: <u>8806</u>	Bottom: <u>8897</u>	No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment: _____		Open Hole: <input checked="" type="checkbox"/>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Test Information:			
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: _____ _____			
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:

2,016 gal acid dump conducted over entire open interval 8505'-9799' on 11/16/2010.

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

Signed: _____ Print Name: CLAYTON DOKE

Title: ENGINEER Date: 3/22/2011 Email cdoke@petersonenergy.com
:

Attachment Check List

Att Doc Num	Name
400108024	FORM 5A SUBMITTED
400144780	

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)