

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



DE ET OE ES

Document Number:

400132072

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: 69560 4. Contact Name: Rhonda Sandquist
2. Name of Operator: PETROLEUM MANAGEMENT LLC Phone: (970) 737-1090
3. Address: 20203 HIGHWAY 60 Fax: (970) 737-1045
City: PLATTEVILLE State: CO Zip: 80651

5. API Number 05-123-23640-00 6. County: WELD
7. Well Name: OLE Well Number: 11-24
8. Location: QtrQtr: NWNW Section: 24 Township: 6N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: PARKMAN Status: DRY AND ABANDONED

Treatment Date: 04/20/2006 Date of First Production this formation: _____
Perforations Top: 3604 Bottom: 3607 No. Holes: 12 Hole size: 0.42

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

PERF PARKMAN 3604-3606, HOLES 8, SIZE .42

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

Test Information:

Date: 04/25/2008 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 23
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: _____
Test Method: Flowing Casing PSI: 11 Tubing PSI: _____ Choke Size: _____
Gas Disposition: FLARED Gas Type: WET BTU Gas: 0 API Gravity Oil: 0
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

Dry Hole

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

We will move forward to P&A this well.

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

Signed: _____ Print Name: Rhonda Sandquist

Title: Permit Tech Date: 3/13/2011 Email rsandquist@syrinfo.com

Attachment Check List

Att Doc Num	Name
400132072	FORM 5A SUBMITTED
400142135	WELLBORE DIAGRAM
400142136	CEMENT JOB SUMMARY
400142137	CEMENT JOB SUMMARY
400142138	WIRELINE JOB SUMMARY

Total Attach: 5 Files

General Comments

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

Total: 0 comment(s)