


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;">2591325</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.											
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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;"> NIOBRARA "A" 6280'-6282' (4 HOLES), NIOBRARA "B" 6360'-6366' (12 HOLES) AND CODELL 6530'-6536' (12 HOLES) FRAC'D NIOBRARA/CODELL USING 1000 GALS 15% HCL, 916 BBLs SLICKWATER PAD, 714 BBLs PHASER 22# PAD, 2943 BB;S OF PHASER 22# FLUID SYSTEM AND 350,160 LBS OF 30/50 WHITE SAND. </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>10/01/2010</u></td> <td>Hours: <u>24</u></td> <td>Bbls oil: <u>29</u></td> <td>Mcf Gas: <u>50</u></td> <td>Bbls H2O: <u>0</u></td> </tr> </table>				Date: <u>10/01/2010</u>	Hours: <u>24</u>	Bbls oil: <u>29</u>	Mcf Gas: <u>50</u>	Bbls H2O: <u>0</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: LARRY ROBBINS

Title: REGULATORY AGENT Date: 11/22/2010 Email LROBBINS@PETD.COM
:

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)