


<b>FORM 5A</b>  Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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;">2591837</div>	DE	ET	OE	ES				
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<b>COMPLETED INTERVAL REPORT</b>											
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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<table style="width: 100%;"> <tr> <td style="width: 25%;">Perforations</td> <td style="width: 25%;">Top: <u>7603</u></td> <td style="width: 25%;">Bottom: <u>7611</u></td> <td style="width: 25%;">No. Holes: <u>24</u></td> <td style="width: 20%;">Hole size: <u>36/100</u></td> </tr> </table>				Perforations	Top: <u>7603</u>	Bottom: <u>7611</u>	No. Holes: <u>24</u>	Hole size: <u>36/100</u>			
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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;">         FRAC'D CODELL WITH 476 BBLS OF SLICKWATER PAD, 210 BBLS OF PHASER 22# PAD, 1976 BBLS OF PHASER 22# FLUID SYSTEM AND 225020 LBS OF 30/50 WHITE SAND.       </div>											
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
<b>Test Information:</b>											
<table style="width: 100%;"> <tr> <td>Date: _____</td> <td>Hours: _____</td> <td>Bbls oil: _____</td> <td>Mcf Gas: _____</td> <td>Bbls H2O: _____</td> </tr> </table>				Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____							
<table style="width: 100%;"> <tr> <td>Calculated 24 hour rate: _____</td> <td>Bbls oil: _____</td> <td>Mcf Gas: _____</td> <td>Bbls H2O: _____</td> <td>GOR: _____</td> </tr> </table>				Calculated 24 hour rate: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____			
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<table style="width: 100%;"> <tr> <td>Test Method: _____</td> <td>Casing PSI: _____</td> <td>Tubing PSI: _____</td> <td>Choke Size: _____</td> </tr> </table>				Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____				
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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: _____											

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>10/08/2010</u>		Date of First Production this formation: <u>10/15/2010</u>	
Perforations	Top: <u>7310</u> Bottom: <u>7611</u>	No. Holes: <u>52</u>	Hole size: <u>36/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div style="border: 1px solid black; height: 15px; margin-top: 5px;"></div>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u>11/01/2010</u>	Hours: <u>24</u>	Bbls oil: <u>71</u>	Mcf Gas: <u>251</u> Bbls H2O: <u>48</u>
Calculated 24 hour rate:		Bbls oil: <u>71</u>	Mcf Gas: <u>251</u> Bbls H2O: <u>48</u> GOR: <u>3535</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>484</u>	Tubing PSI: _____	Choke Size: <u>16/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1225</u>	API Gravity Oil: <u>50</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production:			
<div style="border: 1px solid black; height: 20px; margin-top: 5px;"></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: _____	

FORMATION: <u>NIOBRARA</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>10/08/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7310</u> Bottom: <u>7377</u>	No. Holes: <u>28</u>	Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 5px; margin-top: 5px;">PREF'D NIOBRARA "A" 7310'-7312' (4 HOLES), NIOBRARA "B" 7369'-7377' (24 HOLES) FRAC'D NIOBRARA WITH 24 BBLS OF 15% HCL, 1550 BBLS SLICKWATER PAD, 145 BBLS OF PHASER 20# PAD, 2234 BBLS OF PHASER 20# FLUID SYSTEM AND 250080 LBS OF 30/50 WHITE SAND.</div>			
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Test Information:</b>			
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:			
<div style="border: 1px solid black; height: 20px; margin-top: 5px;"></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; margin-top: 5px;"></div>

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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: 12/14/2010 Email LROBBINS@PETD.COM  
:

### **Attachment Check List**

Att Doc Num	Name
2591837	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)