


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="border: 1px solid black; padding: 5px; text-align: center;">2591859</div>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT							
<p>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.</p>							
1. OGCC Operator Number: <u>18795</u> 2. Name of Operator: <u>COLTON LIMITED LIABILITY CO</u> 3. Address: <u>621 17TH ST - SUITE 950</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80293</u>		4. Contact Name: <u>STEPHANIE CLASEN</u> Phone: <u>(303) 297-0347</u> Fax: <u>(303) 297-9075</u>					
5. API Number <u>05-123-30057-00</u> 7. Well Name: <u>DOS RIOS</u> 8. Location: QtrQtr: <u>NWSW</u> Section: <u>34</u> Township: <u>5N</u> Range: <u>66W</u> Meridian: <u>6</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>		6. County: <u>WELD</u> Well Number: <u>6-34A</u>					
<u>Completed Interval</u>							
FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>					
Treatment Date: <u>03/31/2010</u>		Date of First Production this formation: <u>04/29/2010</u>					
Perforations Top: <u>7472</u> Bottom: <u>7490</u>	No. Holes: <u>72</u>	Hole size: <u>42/100</u>					
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
PERF'D 7472-90 FRAC'D WITH 310,116 GAL HYBRID PHASERFRAC AND 250,160# 20/40 SAND.							
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Test Information:							
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____				
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____				
Test Method: _____		Casing PSI: _____	Tubing PSI: _____				
Gas Disposition: _____		Gas Type: _____	BTU Gas: _____				
Tubing Size: _____		Tubing Setting Depth: _____	Tbg setting date: _____				
Reason for Non-Production:		Packer Depth: _____					
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>03/31/2010</u>		Date of First Production this formation: <u>04/29/2010</u>		
Perforations	Top: <u>7150</u>	Bottom: <u>7490</u>	No. Holes: <u>312</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: 2px;">SEE INDIVIDUAL FORMATIONS BELOW</div>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Test Information:				
Date: <u>05/12/2010</u>	Hours: <u>24</u>	Bbls oil: <u>42</u>	Mcf Gas: <u>580</u>	Bbls H2O: <u>15</u>
Calculated 24 hour rate:		Bbls oil: <u>42</u>	Mcf Gas: <u>580</u>	Bbls H2O: <u>15</u> GOR: <u>13810</u>
Test Method: <u>FLWOING</u>		Casing PSI: <u>1900</u>	Tubing PSI: _____	Choke Size: <u>10/64</u>
Gas Disposition: <u>SOLD</u>		Gas Type: <u>DRY</u>	BTU Gas: <u>1200</u>	API Gravity Oil: <u>58</u>
Tubing Size: _____		Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; 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>03/31/2010</u>		Date of First Production this formation: <u>04/29/2010</u>		
Perforations	Top: <u>7150</u>	Bottom: <u>7370</u>	No. Holes: <u>240</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: 2px;">REFED 7150-70; 7278-98; 7350-70 FRAC'D WITH 226,254 GAL HYBRID PHASERFRAC; 54,300# 40/70 SAND; 240,760# 20/40/SAND.</div>				
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: <div style="border: 1px solid black; height: 20px; width: 100%; 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:

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

Signed: _____ Print Name: STEPHANIE CLASEN

Title: OFFICE MANAGER Date: 12/14/2010 Email SOVEREIGNENERGY@AOL.COM
:

Attachment Check List

Att Doc Num	Name
2591859	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)