

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 with columns DE, ET, OE, ES

Document Number: 2591857

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: 18795 2. Name of Operator: COLTON LIMITED LIABILITY CO 3. Address: 621 17TH ST - SUITE 950 City: DENVER State: CO Zip: 80293 4. Contact Name: STEPHANIE CLASEN Phone: (303) 297-0347 Fax: (303) 297-9075

5. API Number 05-123-30055-00 6. County: WELD 7. Well Name: DOS RIOS Well Number: 5-34A 8. Location: QtrQtr: NWSW Section: 34 Township: 5N Range: 66W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Date: 03/31/2010 Date of First Production this formation: 04/29/2010 Perforations Top: 7320 Bottom: 7338 No. Holes: 72 Hole size: 42/100 Provide a brief summary of the formation treatment: Open Hole: [] PERF'D 7320-7338. FRAC'D WITH 130,746 GAL HYBRID PHASERFRAC AND 250,660# 20/40 SAND.

This formation is commingled with another formation: [X] Yes [] 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: [] Yes [] No If yes, number of sacks cmt Bridge Plug Depth: Sacks cement on top:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/31/2010 Date of First Production this formation: 04/29/2010

Perforations Top: 7032 Bottom: 7338 No. Holes: 274 Hole size: 42/100

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

SEE INDIVIDUAL FORMATIONS BELOW

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/21/2010 Hours: 24 Bbls oil: 42 Mcf Gas: 580 Bbls H2O: 15

Calculated 24 hour rate: Bbls oil: 42 Mcf Gas: 580 Bbls H2O: 15 GOR: 13810

Test Method: FLOWING Casing PSI: 1860 Tubing PSI: _____ Choke Size: 10/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1200 API Gravity Oil: 58

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

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

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 03/31/2010 Date of First Production this formation: 04/29/2010

Perforations Top: 7032 Bottom: 7238 No. Holes: 192 Hole size: 42/100

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

PERFED 7032-52, 7160-76, 7226-38.
FRAC'D WITH 224,700 GAL HYBRID PHASERFRAC; 54,800# 40/70 SAND; 241,000# 20/40 SAND.

This formation is commingled with another formation: Yes 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: Yes 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
2591857	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)