

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



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Document Number:

400158082

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: 10332
2. Name of Operator: PATARA OIL & GAS LLC
3. Address: 333 CLAY STREET, STE #3960
City: HOUSTON State: TX Zip: 77002
4. Contact Name: Danielle Gavito
Phone: (303) 820-4480
Fax: (303) 820-4124

5. API Number 05-113-06215-00
6. County: SAN MIGUEL
7. Well Name: HC FED
Well Number: 1-13-44-15
8. Location: QtrQtr: SWSE Section: 36 Township: 45N Range: 15W Meridian: N
9. Field Name: HAMILTON CREEK Field Code: 33540

Completed Interval

FORMATION: HONAKER TRAIL Status: PRODUCING
Treatment Date: 04/03/2011 Date of First Production this formation: 04/05/2011
Perforations Top: 6694 Bottom: 7002 No. Holes: 321 Hole size: 3/8
Provide a brief summary of the formation treatment: Open Hole: ☒
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 04/10/2011 Hours: 24 Bbls oil: 25 Mcf Gas: 4000 Bbls H2O: 36
Calculated 24 hour rate: Bbls oil: 25 Mcf Gas: 4000 Bbls H2O: 36 GOR:
Test Method: Flowing Casing PSI: 700 Tubing PSI: Choke Size: 38/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 979 API Gravity Oil: 51
Tubing Size: 2 + 7/8 Tubing Setting Depth: 6614 Tbg setting date: 04/20/2011 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:

Please send copies of all correspondence to Danielle Gavito or David Bank at 385 Inverness Parkway, Suite 420, Englewood, CO 80202 or to danielle@banko1.com or dave@banko1.com resctively. Thank you.

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

Signed: Print Name: Kimberly Rodell

Title: Permit Agent Date: Email kim@banko1.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

Attachment Check List

Att Doc Num	Name
400160866	WIRELINe JOB SUMMARY
400167478	OTHER
400167533	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)