


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%; text-align: center;">DE</td> <td style="width: 25%; text-align: center;">ET</td> <td style="width: 25%; text-align: center;">OE</td> <td style="width: 25%; text-align: center;">ES</td> </tr> </table> Document Number: <div style="text-align: center; font-size: 1.2em;">2592517</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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<u>Completed Interval</u>											
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Treatment Date: <u>11/18/2010</u> Date of First Production this formation: _____											
Perforations Top: <u>7312</u> Bottom: <u>7332</u> No. Holes: <u>80</u> Hole size: <u>41/100</u>											
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
<div style="border: 1px solid black; padding: 2px;">"SLICK WATER" STIMULATION WITH 90180 LBS OF 40/70 SAND.</div>											
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
Test Information:											
Date: <u>12/02/2010</u> Hours: <u>1</u> Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____											
Calculated 24 hour rate: _____ Bbls oil: <u>126</u> Mcf Gas: <u>87</u> Bbls H2O: <u>15</u> GOR: <u>1</u>											
Test Method: <u>flowing</u> Casing PSI: <u>1050</u> Tubing PSI: _____ Choke Size: <u>15/64</u>											
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1</u> API Gravity Oil: <u>43</u>											
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7300</u> Tbg setting date: <u>12/22/2010</u> Packer Depth: _____											
Reason for Non-Production: _____											
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt _____											
Bridge Plug Depth: _____ Sacks cement on top: _____											

FORMATION: <u>NIOBRARA</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>11/18/2010</u>		Date of First Production this formation: <u>12/02/2010</u>	
Perforations	Top: <u>7130</u>	Bottom: <u>7148</u>	No. Holes: <u>72</u> Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>"SLICK WATER" 90160 LBS 40/70 SAND FRACTURE TREATMENT</u>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:			
Date: <u>12/02/2010</u>	Hours: <u>1</u>	Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate:	Bbls oil: <u>126</u>	Mcf Gas: <u>87</u>	Bbls H2O: <u>15</u> GOR: <u>1</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1050</u>	Tubing PSI: _____	Choke Size: <u>15/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1</u>	API Gravity Oil: <u>43</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7300</u>	Tbg setting date: <u>12/22/2010</u>	Packer Depth: _____
Reason for Non-Production:			
<div></div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: <u>0</u>	

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Signed: _____ Print Name: RICHARD GRIMMETTE

Title: MANAGER Date: 1/4/2011 Email: RCGRIMMETTE@YAHOO.COM

Att Doc Num	Name
2592517	FORM 5A SUBMITTED

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

Page 2 of 2