


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="text-align: center; font-weight: bold;">2592738</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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IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>NIOBRARA</u>		Status: <u>COMMINGLED</u>		
Treatment Date: <u>08/19/2010</u>		Date of First Production this formation: _____		
Perforations	Top: <u>6535</u>	Bottom: <u>6638</u>	No. Holes: <u>28</u>	Hole size: <u>27/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
NIOBRARA "A" PERFS 6535'-6537' (4 HOLES), NIOBRARA "B" PERFS 6630'-6638' (24 SHOTS) FRAC'D NIOBRARA WITH 24 BBLS OF 15% HCL, 1527 BBLS OF SLICKWATER PAD, 156 BBLS OF PHASER 223 PAD, 2199 BBLS OF PHASER 22# FLUID SYSTEM AND 252,560 LBS OF 30/50 WHITE 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: _____	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: <div style="border: 1px solid black; height: 20px; width: 100%; 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: <u>LARRY ROBBINS</u>	
Title: <u>REGULATORY AGENT</u>	Date: <u>12/13/2010</u>	Email <u>LROBBINS@PETD.COM</u>	

Attachment Check List

Att Doc Num	Name
2592738	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)