


<b>FORM</b> <b>5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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>	DE	ET	OE	ES				
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<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="text-align: center; font-weight: bold;">2591410</div>								
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: _____ Date of First Production this formation: _____											
Perforations Top: <u>5795</u> Bottom: <u>5810</u> No. Holes: <u>60</u> Hole size: _____											
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>											
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
<b>Test Information:</b>											
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: <u>2 + 3/8</u> Tubing Setting Depth: <u>5811</u> Tbg setting date: <u>11/19/2010</u> Packer Depth: <u>5755</u>											
Reason for Non-Production: _____											
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>											
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____											
Bridge Plug Depth: <u>5839</u> Sacks cement on top: <u>1</u>											
Comment: _____											
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.											
Signed: _____ Print Name: <u>ANTHONY P TRINKO</u>											
Title: <u>SR. GEOLOGIST</u> Date: <u>11/30/2010</u> Email: <u>ANTHONY P TRINKO</u>											

**Attachment Check List**

Att Doc Num	Name
2591410	FORM 5A SUBMITTED
2591411	WELLBORE DIAGRAM
2591412	CORRESPONDENCE

Total Attach: 3 Files

**General Comments**

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

Total: 0 comment(s)