

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



DE ET OE ES

Document Number:  
400144067

**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: 56565  
2. Name of Operator: MERIT ENERGY COMPANY  
3. Address: 13727 NOEL ROAD STE 500  
City: DALLAS State: TX Zip: 75240  
4. Contact Name: Arlene Valliquette  
Phone: (972) 628-1558  
Fax: (972) 628-1858

5. API Number 05-123-29053-00  
6. County: WELD  
7. Well Name: ADAMSON Well Number: 5  
8. Location: QtrQtr: NWSW Section: 28 Township: 5N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED

Treatment Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 6929 Bottom: 6945 No. Holes: 96 Hole size: 0.4

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

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:  
Temporarily abandoned to test Niobrara formation

Date formation Abandoned: 01/17/2011 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 6910 Sacks cement on top: 2

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 01/21/2011 Date of First Production this formation: 01/22/2011  
Perforations Top: 6643 Bottom: 6838 No. Holes: 330 Hole size: 0.4

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Frac'd Niobrara perforations with 4264 bbls Silverstim plus 240,100# of Ottawa 30/50 sand & 24,060# of Ottawa 40/70 sand.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 02/14/2011 Hours: 24 Bbls oil: 35 Mcf Gas: 164 Bbls H2O: 29

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 35 Mcf Gas: 164 Bbls H2O: 29 GOR: 4686

Test Method: Flowing Casing PSI: 520 Tubing PSI: 160 Choke Size: \_\_\_\_\_

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1405 API Gravity Oil: 55

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6629 Tbg setting date: 02/11/2011 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: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Print Name: Arlene Valliquette

Title: Regulatory Manager Date: 3/18/2011 Email arlene.valliquette@meritenergy.com

**Attachment Check List**

Att Doc Num	Name
400144067	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)