

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:

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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.

1. OGCC Operator Number: 3250 4. Contact Name: Jodi Keeler
2. Name of Operator: ANTELOPE ENERGY COMPANY LLC Phone: (308) 235-4661
3. Address: P O BOX 577 Fax: (308) 235-4550
City: KIMBALL State: NE Zip: 69145

5. API Number 05-123-32490-00 6. County: WELD
7. Well Name: State Well Number: 9-61-16
8. Location: QtrQtr: SESE Section: 16 Township: 9N Range: 61W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>SHUT IN</u>
Treatment Date: _____ Date of First Production this formation: _____	
Perforations Top: <u>7274</u> Bottom: <u>7280</u> No. Holes: <u>24</u> Hole size: <u>42/100</u>	
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>	
<div>No treatment or stimulation has been done. Perforated and swabbed. SI well pending further evaluation.</div>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>05/19/2011</u> Hours: <u>7</u> Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>107</u>	
Calculated 24 hour rate: _____ Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>366</u> GOR: _____	
Test Method: <u>Swab</u> Casing PSI: <u>20</u> Tubing PSI: _____ Choke Size: _____	
Gas Disposition: _____ Gas Type: _____ BTU Gas: <u>0</u> API Gravity Oil: <u>0</u>	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____	
Reason for Non-Production: _____	
<div></div>	
Date formation Abandoned: <u>05/18/2011</u> Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: Jodi Keeler

Title: Production Manager Date: _____ Email: jodik@antelope-energy.com

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

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)