

FORM  
5A

Rev  
02/08

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109

State of Colorado

Oil and Gas Conservation Commission



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

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

Total: 0 comment(s)