


<b>FORM 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%; text-align: center;">DE</td> <td style="width: 25%; text-align: center;">ET</td> <td style="width: 25%; text-align: center;">OE</td> <td style="width: 25%; text-align: center;">ES</td> </tr> </table> Document Number:  <div style="text-align: center; font-size: 1.2em;">1635136</div>	DE	ET	OE	ES				
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<b>COMPLETED INTERVAL REPORT</b>											
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: <u>03/12/2011</u> Date of First Production this formation: <u>04/01/2011</u>											
Perforations Top: <u>7334</u> Bottom: <u>7344</u> No. Holes: <u>40</u> Hole size: <u>41/100</u>											
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
<div style="border: 1px solid black; padding: 2px;">FRAC'D CODELL WITH 4387 BL SLICK WATER AND 154,860 # 40/70 SAND. ATP 5103 PSI. ATR 45.8 BPM. ISDP 4250 PSI.</div>											
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
<b>Test Information:</b>											
Date: <u>04/03/2011</u> Hours: <u>24</u> Bbls oil: <u>60</u> Mcf Gas: <u>175</u> Bbls H2O: <u>100</u>											
Calculated 24 hour rate: _____ Bbls oil: <u>60</u> Mcf Gas: <u>175</u> Bbls H2O: <u>100</u> GOR: <u>2917</u>											
Test Method: <u>FLOWING</u> Casing PSI: <u>1380</u> Tubing PSI: _____ Choke Size: <u>12/64</u>											
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> 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: _____											
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: _____											

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

FORMATION: <u>NIOBRARA</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>03/12/2011</u>		Date of First Production this formation: <u>04/01/2011</u>		
Perforations	Top: <u>7024</u>	Bottom: <u>7170</u>	No. Holes: <u>72</u>	Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
FRAC'D NIOBRARA WITH 5504 BBL SLICK WATER AND 204,320 # 40/70 SAND. ATP 5050 PSI. ATR 58.1 BPM. ISDP 3815 PSI. (TEST AND PRODUCTION COMMINGLED WITH CODELL ABOVE.)				
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Test Information:</b>				
Date: <u>04/03/2011</u>	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: <u>0</u>	API Gravity Oil: <u>0</u>	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: _____				
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: _____
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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>DAVID M. BLANDFORD</u>		
Title: <u>CO-MANAGER</u>	Date: <u>4/1/2011</u>	Email	<u>ANDELEENERGY@GMAIL.COM</u>	

### **Attachment Check List**

Att Doc Num	Name
1635136	FORM 5A SUBMITTED
1635137	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Data Entry	BTU GAS IS REQUIRED IF MCF GAS IS ENTERED; API GRAVITYOIL IS REQUIRED IF BBLs OIL IS ENTERED.	5/16/2011 9:58:11 AM

Total: 1 comment(s)