

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		<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
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 1635136				
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: <u>54380</u>	4. Contact Name: <u>DAVID M. BLANDFORD</u>
2. Name of Operator: <u>MATRIX ENERGY LLC</u>	Phone: <u>(970) 247-1959</u>
3. Address: <u>1241 THOROUGHbred ROAD</u>	Fax: <u>(970) 247-2359</u>
City: <u>DURANGO</u> State: <u>CO</u> Zip: <u>81303</u>	

5. API Number <u>05-123-32227-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>MORO FARMS</u>	Well Number: <u>31-29</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>29</u> Township: <u>6N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>GREELEY</u> Field Code: <u>32760</u>	

Completed Interval

FORMATION: <u>CODELL</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>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"/>
FRAC'D CODELL WITH 4387 BL SLICK WATER AND 154,860 # 40/70 SAND. ATP 5103 PSI. ATR 45.8 BPM. ISDP 4250 PSI.	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
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: NIOBRARA Status: PRODUCING

Treatment Date: 03/12/2011 Date of First Production this formation: 04/01/2011

Perforations Top: 7024 Bottom: 7170 No. Holes: 72 Hole size: 41/100

Provide a brief summary of the formation treatment: _____ Open Hole:

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: Yes No

Test Information:

Date: 04/03/2011 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: 0 API Gravity Oil: 0

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: DAVID M. BLANDFORD

Title: CO-MANAGER Date: 4/1/2011 Email ANDELEENERGY@GMAIL.COM

Attachment Check List

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

Total Attach: 2 Files

General Comments

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