

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
COMPLETED INTERVAL REPORT			Document Number: 1635121
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>05-123-32229-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>MORO FARMS</u>	Well Number: <u>44-29</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>29</u> Township: <u>6N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

<u>Completed Interval</u>	
FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>02/26/2011</u>	Date of First Production this formation: <u>03/18/2011</u>
Perforations Top: <u>7084</u> Bottom: <u>7094</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 2963 BBL VISTAR 22/20 GEL AND 250,820 # 20/40 SAND. APT 4015 PSI. ATR 29.5 BPM. ISDP 3972 PSI.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>03/20/2011</u> Hours: <u>12</u>	Bbls oil: <u>60</u> Mcf Gas: <u>121</u> Bbls H2O: <u>20</u>
Calculated 24 hour rate:	Bbls oil: <u>60</u> Mcf Gas: <u>121</u> Bbls H2O: <u>20</u> GOR: <u>2017</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>430</u> Tubing PSI: _____ Choke Size: <u>12</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1239</u> API Gravity Oil: <u>51</u>
Tubing Size: _____ Tubing Setting Depth: _____	Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	
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: <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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
1635121	FORM 5A SUBMITTED
1635122	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	e-mailed operator requesting BTU/API info.	6/22/2011 11:36:39 AM
Data Entry	CHECK: BTU GAS IS REQUIRED IF MCF GAS IS ENTERED; API GRAVITY OIL IS REQUIRED IF BBLs OIL IS ENTERED.	5/16/2011 9:03:34 AM

Total: 2 comment(s)