


<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%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number:  <div style="border: 1px solid black; padding: 5px; text-align: center;">1635121</div>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>							
<p>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.</p>							
1. OGCC Operator Number: <u>54380</u> 2. Name of Operator: <u>MATRIX ENERGY LLC</u> 3. Address: <u>1241 THOROUGHbred ROAD</u> City: <u>DURANGO</u> State: <u>CO</u> Zip: <u>81303</u>		4. Contact Name: <u>DAVID M. BLANDFORD</u> Phone: <u>(970) 247-1959</u> Fax: <u>(970) 247-2359</u>					
5. API Number <u>05-123-32229-00</u> 7. Well Name: <u>MORO FARMS</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>		6. County: <u>WELD</u> Well Number: <u>44-29</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							
<b>Test Information:</b>							
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%;"></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: 20px; width: 100%;"></div>							

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  
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### **Attachment Check List**

Att Doc Num	Name
1635121	FORM 5A SUBMITTED
1635122	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>
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)