


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> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">1635131</div>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT							
<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>		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>05-123-32234-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>MORO FARMS</u>		Well Number: <u>41-29</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>WATTENBERG</u>		Field Code: <u>90750</u>					
<u>Completed Interval</u>							
FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>					
Treatment Date: <u>03/10/2011</u>		Date of First Production this formation: <u>04/01/2011</u>					
Perforations Top: <u>7088</u>	Bottom: <u>7098</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 4296 SLICK WATER AND 155,480 # 40/70 SAND. ATRP 5115 PSI. ATR 45.6 BPM. ISDP 3631 PSI.							
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Test Information:							
Date: <u>04/04/2011</u>	Hours: <u>24</u>	Bbls oil: <u>55</u>	Mcf Gas: <u>192</u> Bbls H2O: <u>40</u>				
Calculated 24 hour rate:		Bbls oil: <u>55</u>	Mcf Gas: <u>192</u> Bbls H2O: <u>40</u> GOR: <u>3491</u>				
Test Method: <u>FLOWING</u>	Casing PSI: <u>620</u>	Tubing PSI: <u> </u>	Choke Size: <u>12/64</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1297</u>	API Gravity Oil: <u>51</u>				
Tubing Size: <u> </u>	Tubing Setting Depth: <u> </u>	Tbg setting date: <u> </u>	Packer Depth: <u> </u>				
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>							
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u>					
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>					

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>03/10/2011</u>		Date of First Production this formation: <u>04/01/2011</u>	
Perforations	Top: <u>6836</u> Bottom: <u>7098</u>	No. Holes: <u>112</u>	Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
FRAC'D CODELL WITH 4296 SLICK WATER AND 155,480 # 40/70 SAND. ATP 5115 PSI. ATR 45.6 BPM. ISDP 3631 PSI. FRAC'D NIOBRARA WITH 5556 BBLs SLICK WATER AND 205,080 # 40/70 SAND. ATP 5112 PSI. ATR 52.5 BPM. ISDP 3749 PSI. (TEST AND PRODUCTION COMMINGLED WITH CODELL ABOVE.)			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>04/04/2011</u>	Hours: <u>24</u>	Bbls oil: <u>55</u>	Mcf Gas: <u>192</u> Bbls H2O: <u>40</u>
Calculated 24 hour rate:		Bbls oil: <u>55</u>	Mcf Gas: <u>192</u> Bbls H2O: <u>40</u> GOR: <u>3491</u>
Test Method: <u>flowing</u>	Casing PSI: <u>620</u>	Tubing PSI: _____	Choke Size: <u>12/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1297</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: _____	

FORMATION: <u>NIOBRARA</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>03/10/2011</u>		Date of First Production this formation: <u>04/01/2011</u>	
Perforations	Top: <u>6836</u> Bottom: <u>6924</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 5556 BBLs SLICK WATER AND 205,080 # 40/70 SAND. ATP 5112 PSI. ATR 52.5 BPM. ISDP 3749 PSI. (TEST AND PRODUCTION COMMINGLED WITH CODELL ABOVE.)			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:			
Date: <u>04/04/2011</u>	Hours: <u>24</u>	Bbls oil: <u>55</u>	Mcf Gas: <u>192</u> Bbls H2O: <u>40</u>
Calculated 24 hour rate:		Bbls oil: <u>55</u>	Mcf Gas: <u>192</u> Bbls H2O: <u>40</u> GOR: <u>3491</u>
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____
Gas Disposition: _____	Gas Type: _____	BTU Gas: <u>1297</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:

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
1635131	FORM 5A SUBMITTED
1635132	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 and API data; also test data for Niobrara. Advised to report as NIOBRARA-CODELL to avoid future producing reporting issues.	6/22/2011 9:57:19 AM
Data Entry	BTU GAS IS REQUIRED IF MCF GAS IS ENTERED; API GRAVITY OIL IS REQUIRED IF BBLS OIL IS ENTERED.	5/16/2011 9:41:26 AM

Total: 2 comment(s)