

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: <div style="text-align: center; border: 1px solid black; padding: 5px;"> 1633420 </div>				

1. OGCC Operator Number: <u>26625</u> 2. Name of Operator: <u>ELM RIDGE EXPLORATION CO LLC</u> 3. Address: <u>12225 GREENVILLE AVE STE 950</u> City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>95243</u>	4. Contact Name: <u>AMY MACKEY</u> Phone: <u>(505) 632-3476 X201</u> Fax: <u>(505) 632-8151</u>
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5. API Number <u>05-067-09491-00</u> 7. Well Name: <u>IGE</u> 8. Location: QtrQtr: <u>NENE</u> Section: <u>16</u> Township: <u>33N</u> 9. Field Name: <u>IGNACIO BLANCO</u> Field Code: <u>38300</u>	6. County: <u>LA PLATA</u> Well Number: <u>138</u> Range: <u>8W</u> Meridian: <u>N</u>
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<u>Completed Interval</u>	
FORMATION: <u>FRUITLAND COAL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>12/15/2010</u>	Date of First Production this formation: <u>01/08/2010</u>
Perforations Top: <u>2754</u> Bottom: <u>3011</u>	No. Holes: <u>92</u> Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>	
2500 GALLONS OF 7 1/2% FE ACID WITH DOUBLE INHIBITOR, IRON SEQ FLOWBACK, SURF 108 GALLONS, 1500 GALS 7 1/2% ACID 1193 MSGF N2 33477 GALLONS OF 13 CP 13 CP 70-Q DELTA 93169 GALLONS OF 70Q DELTA WITH SWNT 1294 SKS 20/40 WITH MAX CONCENTRATE 1279 SKS COATED WITH SWNT.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>12/28/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>303</u> Bbls H2O: <u>0</u>	Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: <u>flow</u> Casing PSI: <u>110</u> Tubing PSI: <u>110</u> Choke Size: <u>5/16</u>	Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>955</u> API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>2753</u> Tbg setting date: <u>12/28/2010</u> 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:

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: SHARLA BEMROSE

Title: PRODUCTION Date: 1/26/2011 Email AMACKEY1@ELMRIDGE.NET
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Attachment Check List

Att Doc Num	Name
1633420	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	BTU GAS FIELD MUST BE FILLED IN IF MCF GAS FIELD IS FILED IN.	3/15/2011 9:11:28 AM

Total: 1 comment(s)