


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="text-align: center; font-weight: bold;">400157310</div>	DE	ET	OE	ES																					
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COMPLETED INTERVAL REPORT																												
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.																												
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Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>																												
<div style="border: 1px solid black; padding: 5px;"> RePerf Codell 6955'-6963 (24 holes) Original perfs 6958-6966 (24 holes) Refrac'd Codell w/ 590 bbls of 26# pHaser pad, 1982 bbls 26# pHaser fluid system, 221040 lbs of 20/40 Preferd Rock and 8000 lbs 20/40 SB Excel. </div>																												
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Test Information:																												
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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: _____																												

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>03/21/2011</u>		Date of First Production this formation: _____		
Perforations	Top: <u>6665</u>	Bottom: <u>6966</u>	No. Holes: <u>96</u>	Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 5px;">RePerf Codell 6955'-6963 (24 holes) Original perfs 6958-6966 (24 holes) Refrac'd Codell w/ 590 bbls of 26# pHaser pad, 1982 bbls 26# pHaser fluid system, 221040 lbs of 20/40 Preferd Rock and 8000 lbs 20/40 SB Excel. Perf Niobrara "A" 6665'-6667' (4 holes) and Niobrara "B" 6788'-6796" (24 holes) Frac'd Niobrara W/ 1447 bbls of slickwater pad, 142 bbls of 20# pHaser pad, 2225 bbls of 20# pHaser fluid system, 2416400 lbs of 20/40, 12000 lbs 20/40 SB Excel 20/40.</div>				
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Information:				
Date: _____	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: _____	API Gravity Oil: _____	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6941</u>	Tbg setting date: <u>03/28/2011</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: _____		

FORMATION: <u>NIOBRARA</u>		Status: <u>COMMINGLED</u>		
Treatment Date: <u>03/21/2011</u>		Date of First Production this formation: _____		
Perforations	Top: <u>6665</u>	Bottom: <u>6796</u>	No. Holes: <u>48</u>	Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 5px;">Perf Niobrara "A" 6665'-6667' (4 holes) and Niobrara "B" 6788'-6796" (24 holes) Frac'd Niobrara W/ 1447 bbls of slickwater pad, 142 bbls of 20# pHaser pad, 2225 bbls of 20# pHaser fluid system, 2416400 lbs of 20/40, 12000 lbs 20/40 SB Excel 20/40.</div>				
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Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____	
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:

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: Jeff Glossa

Title: Sr Engineering Tech Date: 6/2/2011 Email jglossa@petd.com
:

Attachment Check List

Att Doc Num	Name
400157310	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)