


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;">400168341</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;"> Frac'd Codell with 478 bbls of slickwater pad, 143 bbls of pHaser 22# pad, 1961 bbls of pHaser 22# fluid system, 218460 lbs 20/40 white sand, 8000 lbs 20/40 SB Excel resin coated proppant. </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: _____																												

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: _____		Date of First Production this formation: <u>03/25/2011</u>	
Perforations	Top: <u>7221</u> Bottom: <u>7367</u>	No. Holes: <u>52</u>	Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<p>Frac'd Codell with 478 bbls of slickwater pad, 143 bbls of pHaser 22# pad, 1961 bbls of pHaser 22# fluid system, 218460 lbs 20/40 white sand, 8000 lbs 20/40 SB Excel resin coated proppant.</p> <p>Perf'd Niobrara "A" 7221-23' (4 holes), Niobrara "B" 7323-7331' (24 holes)</p> <p>Frac'd Niobrara 19 bbl FE-1A pad, 1552 bbls Slickwater pad, 145 bbls of pHaser 20# pad, 2234 bbls of pHaser 20# fluid system, 238700 lbs of 20/40 white sand, 12000 lbs 20/40 SB Excel resin coated proppant</p>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>04/30/2011</u>	Hours: <u>24</u>	Bbls oil: <u>37</u>	Mcf Gas: <u>131</u> Bbls H2O: <u>15</u>
Calculated 24 hour rate:		Bbls oil: <u>37</u>	Mcf Gas: <u>131</u> Bbls H2O: <u>15</u> GOR: <u>3540</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>822</u>	Tubing PSI: _____	Choke Size: <u>16/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1185</u>	API Gravity Oil: <u>52</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7525</u>	Tbg setting date: <u>06/03/2011</u>	Packer Depth: _____
Reason for Non-Production:			

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>03/02/2011</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7221</u> Bottom: <u>7331</u>	No. Holes: <u>28</u>	Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<p>Perf'd Niobrara "A" 7221-23' (4 holes), Niobrara "B" 7323-7331' (24 holes)</p> <p>Frac'd Niobrara 19 bbl FE-1A pad, 1552 bbls Slickwater pad, 145 bbls of pHaser 20# pad, 2234 bbls of pHaser 20# fluid system, 238700 lbs of 20/40 white sand, 12000 lbs 20/40 SB Excel resin coated proppant</p>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input 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: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production:			

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: 6/8/2011 Email jglossa@petd.com
:

Attachment Check List

Att Doc Num	Name
400168341	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)