

<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>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="text-align: center; font-weight: bold;">2591571</div>				

1. OGCC Operator Number: <u>55575</u>	4. Contact Name: <u>DEB POWELL</u>
2. Name of Operator: <u>MCELVAIN OIL &amp; GAS PROPERTIES</u>	Phone: <u>(303) 893-0933</u>
3. Address: <u>1050 17TH ST STE 2500</u>	Fax: <u>(303) 893-0914</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80265-20</u>	

5. API Number <u>05-125-11829-00</u>	6. County: <u>YUMA</u>
7. Well Name: <u>Maroon</u>	Well Number: <u>18-16</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>18</u> Township: <u>2S</u> Range: <u>46W</u> Meridian: <u>6</u>	
9. Field Name: <u>MILDRED WEST</u> Field Code: <u>54985</u>	

Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>11/03/2010</u>	Date of First Production this formation: <u>11/24/2010</u>
Perforations Top: <u>2428</u> Bottom: <u>2454</u>	No. Holes: <u>78</u> Hole size: <u>30 + 38/10</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>500 GAL 7.5% HCL, 34,621 GAL WE-3 FOAMER, 60 TONS CO2, 50,040 # 16/30 SAND, 12,040# 12/20 SAND.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>11/24/2010</u> Hours: <u>24</u>	Bbls oil: <u>0</u> Mcf Gas: <u>110</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>110</u> Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>530</u> Tubing PSI: <u>530</u> Choke Size: <u>9/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u> BTU Gas: <u>995</u> API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>2519</u>	Tbg setting date: <u>11/13/2010</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: _____	

Comment: \_\_\_\_\_

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: DEBORAH K POWELL

Title: ENG TECH SUPERVISOR Date: 12/6/2010 Email: DEBBYP@MCELVAIN.COM

**Attachment Check List**

Att Doc Num	Name
2591571	FORM 5A SUBMITTED
2591572	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>

Total: 0 comment(s)