


<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> Document Number:  <div style="border: 1px solid black; padding: 5px; text-align: center;">2591195</div>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>							
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.							
1. OGCC Operator Number: <u>10343</u>		4. Contact Name: <u>SARAH BOXLEY</u>					
2. Name of Operator: <u>QEP ENERGY COMPANY</u>		Phone: <u>(303) 672-6916</u>					
3. Address: <u>1050 17TH STREET - SUITE 500</u>		Fax: <u>(303) 294-9632</u>					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80265</u>					
5. API Number <u>05-083-06446-00</u>		6. County: <u>MONTEZUMA</u>					
7. Well Name: <u>CUTTHROAT UNIT</u>		Well Number: <u>3</u>					
8. Location: QtrQtr: <u>SESW</u>	Section: <u>23</u>	Township: <u>37N</u>	Range: <u>19W</u> Meridian: <u>N</u>				
9. Field Name: <u>MCCLEAN</u>		Field Code: <u>53630</u>					
<u>Completed Interval</u>							
FORMATION: <u>ISMAV</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>04/22/2010</u>		Date of First Production this formation: <u>06/01/2010</u>					
Perforations Top: <u>5822</u>	Bottom: <u>5860</u>	No. Holes: <u>42</u>	Hole size: <u>6</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
<u>95.2 BBL 20% HCL, 300 BBL 2% KCL WATER, 23.8 BBL XYLENE, 120 BIOBALLS</u>							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Test Information:</b>							
Date: <u>06/02/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>131</u>				
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>131</u>				
Test Method: <u>FLOWING</u>		Casing PSI: <u>1705</u>	Tubing PSI: <u>0</u>				
Gas Disposition: <u>VENTED</u>		Gas Type: <u>DRY</u>	BTU Gas: <u>1009</u>				
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>5787</u>	Tbg setting date: <u>05/03/2010</u>	Packer Depth: _____				
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>							
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____				
Bridge Plug Depth: <u>5872</u>		Sacks cement on top: <u>5</u>					
Comment:							
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.							
Signed: _____		Print Name: <u>SARAH BOXLEY</u>					
Title: <u>PERMIT AGENT</u>	Date: <u>11/16/2010</u>	Email <u>SARAH.BOXLEY@GEPRES.COM</u>					

**Attachment Check List**

Att Doc Num	Name
2591195	FORM 5A SUBMITTED
2591196	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)