

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: 2591190				
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>	

Completed Interval

FORMATION: <u>GOTHIC SHALE</u>	Status: <u>ABANDONED COMPLETION</u>
Treatment Date: <u>04/21/2010</u>	Date of First Production this formation: <u>11/04/2008</u>
Perforations Top: <u>5988</u> Bottom: <u>6006</u> No. Holes: <u>14</u> Hole size: _____	
Provide a brief summary of the formation treatment: _____	Open Hole: <input type="checkbox"/>
SET 10K CIBP @ 5872' AND DUMP 5' CEMENT ON TOP. PRESSURE TEST TO 945 PSI.	
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: _____	
NO REASON GIVEN	
Date formation Abandoned: <u>04/21/2010</u> Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: <u>5872</u>	Sacks cement on top: <u>5</u>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: HOVENWEEP SHALE Status: ABANDONED COMPLETION

Treatment Date: 04/21/2010 Date of First Production this formation: _____

Perforations Top: 5872 Bottom: 5945 No. Holes: 18 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

SET 10K @ 5872' AND DUMP 5' CEMENT ON TOP. PRESSURE TEST TO 945 PSI.

This formation is commingled with another formation: Yes 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: _____

NO REASON GIVEN

Date formation Abandoned: 04/21/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 5872 Sacks cement on top: 5

Comment:

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

Signed: _____ Print Name: SARAH BOXLEY

Title: PERMIT AGENT Date: 2/17/2011 Email SARAH.BOXLEY@GEPRES.COM

Attachment Check List

Att Doc Num	Name
2591190	FORM 5A SUBMITTED
2591191	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)