

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



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Document Number:

2568117

**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.

1. OGCC Operator Number: 38470 4. Contact Name: A.M. BROWN  
2. Name of Operator: HARSH INTERNATIONAL INC Phone: (970) 454-2991  
3. Address: 600 OAK AVE Fax: (970) 454-3491  
City: EATON State: CO Zip: 80615

5. API Number 05-123-29126-00 6. County: WELD  
7. Well Name: HARSH Well Number: 32-6  
8. Location: QtrQtr: SWNE Section: 6 Township: 6N Range: 65W Meridian: 6  
9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: CODELL Status: PRODUCING  
Treatment Date: 10/16/2009 Date of First Production this formation: 10/29/2009  
Perforations Top: 7194 Bottom: 7210 No. Holes: 64 Hole size: 37/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
FRAC WITH 4886 BARRELS OF FLUID AND 95,300# 30-50 MESH SAND.  
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: \_\_\_\_\_  
Date formation Abandoned: \_\_\_\_\_ Squeeze: ☐ Yes ☐ 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: A.M. BROWN  
Title: CEO Date: 5/10/2011 Email: MTRACY@HARSHENVIRO.COM

### Attachment Check List

Att Doc Num	Name
2568117	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

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