


<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				
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<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="border: 1px solid black; padding: 5px; text-align: center;">1633679</div>								
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.											
<table style="width: 100%;"> <tr> <td style="width: 50%;">1. OGCC Operator Number: <u>97810</u></td> <td style="width: 50%;">4. Contact Name: <u>CRAIG ATON</u></td> </tr> <tr> <td>2. Name of Operator: <u>YATES PETROLEUM CORPORATION</u></td> <td>Phone: <u>(575) 748-4385</u></td> </tr> <tr> <td>3. Address: <u>105 SOUTH 4TH ST</u></td> <td>Fax: <u>(575) 748-4585</u></td> </tr> <tr> <td>City: <u>ARTESIA</u> State: <u>NM</u> Zip: <u>88210</u></td> <td></td> </tr> </table>				1. OGCC Operator Number: <u>97810</u>	4. Contact Name: <u>CRAIG ATON</u>	2. Name of Operator: <u>YATES PETROLEUM CORPORATION</u>	Phone: <u>(575) 748-4385</u>	3. Address: <u>105 SOUTH 4TH ST</u>	Fax: <u>(575) 748-4585</u>	City: <u>ARTESIA</u> State: <u>NM</u> Zip: <u>88210</u>	
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Provide a brief summary of the formation treatment: <span style="float: right;">Open Hole: <input type="checkbox"/></span>											
10,027'-10,265' FRAC'D W/50,000 GAL 22# X-LINKED LIGHTNING BORATE GEL + 5000# OF 100 MESH WHITE SAND+ 100,000# OF 20/40 HEXION SB PRIME RESIN COATED SAND 9592'-9893' FRAC'D W/58,842 GAL 22# X-LINKED LIGHTNING BORATE GEL + 5100# OF 100 MESH WHITER SAND + 114,759# OF 20/40 HEXION SB PRIME RESIN COATED SAND. 2											
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
<b>Test Information:</b>											
<table style="width: 100%;"> <tr> <td style="width: 20%;">Date: <u>10/05/2010</u></td> <td style="width: 10%;">Hours: <u>24</u></td> <td style="width: 10%;">Bbls oil: <u>0</u></td> <td style="width: 10%;">Mcf Gas: <u>1484</u></td> <td style="width: 10%;">Bbls H2O: <u>216</u></td> <td style="width: 40%;"></td> </tr> </table>				Date: <u>10/05/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>1484</u>	Bbls H2O: <u>216</u>			
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Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>											
Date formation Abandoned: <u>          </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u>          </u>											
Bridge Plug Depth: <u>          </u> Sacks cement on top: <u>          </u>											

FORMATION: <u>LEWIS</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>10/01/2010</u>		Date of First Production this formation: <u>12/10/2010</u>	
Perforations	Top: <u>7978</u>	Bottom: <u>8644</u>	No. Holes: <u>68</u>
Hole size: _____			
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<p>8562'-8644' FRAC'D W/41,000 GAL 20/22# X-LINKED LIGHTNING BORATE GEL + 5500# OF 100 MESH WHITE SAND + 75,000# OF 20/40 HEXION SB PRIME RESIN COATED SAND 7978'-8260' FRAC'D W/63,000 GAL 20/22# X-LINKED LIGHTNING BORATE GEL + 5000# OF 100 MESH WHITE SAND + 150,000# OF 20/40 HEXION SB PRIME RESIN COATED SAND.</p>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>			
Date: <u>10/05/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>1484</u>
Bbls H2O: <u>216</u>			
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>1484</u>
Bbls H2O: <u>216</u>		GOR: <u>0</u>	
Test Method: <u>FLOWING</u>	Casing PSI: <u>1080</u>	Tubing PSI: _____	Choke Size: _____
Gas Disposition: <u>FLARED</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1</u>	API Gravity Oil: <u>0</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
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: _____	

Comment:
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.			
Signed: _____		Print Name: <u>CRAIG ATON</u>	
Title: <u>REGULATORY COMPLIANCE</u>	Date: <u>2/2/2011</u>	Email <u>CATON@YATESPETROLEUM.COM</u>	

### Attachment Check List

Att Doc Num	Name
1633679	FORM 5A SUBMITTED
1633680	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	VERIFIED aLMOND FORMATION IS PRODUCING WITHIN MS.	7/12/2011 11:00:19 AM
Data Entry	BTU GAS IS REQUIRED IF MCF GAS IS ENTERED. API GRAVITY OIL IS REQUIRED IF BBLs OIL IS ENTERED.	3/28/2011 10:04:41 AM

Total: 2 comment(s)