


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> Document Number: <div style="text-align: center; font-weight: bold;">400165497</div>	DE	ET	OE	ES																					
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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.																												
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Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>																											
<div style="border: 1px solid black; padding: 5px;"> Frac'd Codell with 476 bbls of slickwater pad, 144 bbls of pHaser 22# pad, 2007 bbls of pHaser 22# fluid system, 217540 lbs of 20/40 Preferd Rock and 8000 lbs of SB Excel 20/40 resin coated proppant. </div>																												
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																												
Test Information:																												
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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: _____																												

FORMATION: <u>NIOBARRA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: _____		Date of First Production this formation: <u>04/20/2011</u>			
Perforations	Top: <u>7053</u>	Bottom: <u>7363</u>	No. Holes: <u>52</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>05/31/2011</u>	Hours: <u>24</u>	Bbls oil: <u>26</u>	Mcf Gas: <u>27</u>	Bbls H2O: <u>6</u>	
Calculated 24 hour rate:		Bbls oil: <u>26</u>	Mcf Gas: <u>27</u>	Bbls H2O: <u>6</u>	GOR: <u>1038</u>
Test Method: <u>Flowing</u>		Casing PSI: <u>1855</u>	Tubing PSI: <u>1255</u>	Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1315</u>	API Gravity Oil: <u>45</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7344</u>	Tbg setting date: <u>04/22/2011</u>	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: _____			

FORMATION: <u>NIOBARRA</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>03/30/2011</u>		Date of First Production this formation: _____			
Perforations	Top: <u>7053</u>	Bottom: <u>7186</u>	No. Holes: <u>28</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Perf'd Niobrara "A" 7053'-7056' (4 holes), Niobrara "B" 7178-7186' (24 holes) Frac'd Niobrara 119 bbl FE-1A pad, 1548 bbls Slickwater pad, 142 bbls 20# pHaser pad, 2229 bbls of pHaser 20# fluid system, 240340 lbs of 20/40, 12000 lbs 20/40 SB Excel.					
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:					
<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>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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

Signed: _____ Print Name: Jeff Glossa

Title: Sr Engineering Tech Date: 7/6/2011 Email jglossa@petd.com
:

Attachment Check List

Att Doc Num	Name
400165497	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)