

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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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: 10259 4. Contact Name: ROLAND FASCIANI
2. Name of Operator: UNIT PETROLEUM COMPANY Phone: (918) 493-7700
3. Address: 7130 S LEWIS AVE STE 1000 Fax: (918) 493-7711
City: TUSLA State: OK Zip: 74136

5. API Number 05-073-06412-01 6. County: LINCOLN
7. Well Name: HUBBARD Well Number: 1H
8. Location: QtrQtr: SWSW Section: 5 Township: 12S Range: 55W Meridian: 6
9. Field Name: JOLLY RANCH Field Code: 42640

Completed Interval

FORMATION: ATOKA Status: PRODUCING

Treatment Date: 09/18/2010 Date of First Production this formation: 12/20/2010

Perforations Top: 9557 Bottom: 10522 No. Holes: 192 Hole size: 42/100

Provide a brief summary of the formation treatment: Open Hole: [ ]

285 BBLS ACID 27,268 BBLS SLICKWATER
149,957# 100 MESH
665,380# 40/70 MESH

This formation is commingled with another formation: [ ] Yes [X] No

Test Information:

Date: 01/07/2011 Hours: 24 Bbls oil: 3 Mcf Gas: 0 Bbls H2O: 28

Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 0 Bbls H2O: 28 GOR: 0

Test Method: PUMPING Casing PSI: 30 Tubing PSI: 30 Choke Size: 64/64

Gas Disposition: VENTED Gas Type: BTU Gas: 0 API Gravity Oil: 37

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6700 Tbg setting date: 12/07/2010 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:

**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: ROLAND FASCIANI

Title: DISTRICT ENGINEER Date: 3/25/2011 Email ROLAND.FASCIANI@UNITCORP.COM  
:

**Attachment Check List**

Att Doc Num	Name
1634933	FORM 5A SUBMITTED
1634934	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)