

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:

400170636

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: 10332 4. Contact Name: Danielle Gavito
2. Name of Operator: PATARA OIL & GAS LLC Phone: (303) 820-4480
3. Address: 333 CLAY STREET, STE #3960 Fax: (303) 820-4124
City: HOUSTON State: TX Zip: 77002

5. API Number 05-113-06205-00 6. County: SAN MIGUEL
7. Well Name: HC FED Well Number: 31-31-45-14
8. Location: QtrQtr: SWNW Section: 31 Township: 45N Range: 14W Meridian: N
9. Field Name: HAMILTON CREEK Field Code: 33540

Completed Interval

FORMATION: HERMOSA Status: PRODUCING

Treatment Date: 03/29/2011 Date of First Production this formation: 04/06/2011
Perforations Top: 6840 Bottom: 6941 No. Holes: 78 Hole size: 3 + 1/8

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

Please see attached wellbore diagram for clarification of new perforation intervals and stimulation treatment. Previously perforated and fractured intervals are included on this diagram for historical reference only.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 04/05/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 2100 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 2100 Bbls H2O: 0 GOR: 77360
Test Method: flowing Casing PSI: 900 Tubing PSI: 850 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1006 API Gravity Oil: 63
Tubing Size: 2 + 7/8 Tubing Setting Depth: 6725 Tbg setting date: 04/05/2011 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: Danielle Gavito

Title: Permit Agent

Date: 6/9/2011

Email danielle@banko1.com
:

Attachment Check List

| Att Doc Num | Name |
|-------------|-----------------------|
| 400170636 | FORM 5A SUBMITTED |
| 400170655 | WIRELINER JOB SUMMARY |
| 400170659 | OTHER |
| 400173608 | WELLBORE DIAGRAM |

Total Attach: 4 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 0 comment(s)