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| 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="border: 1px solid black; padding: 5px; text-align: center;">400135863</div> | DE | ET | OE | ES |
| DE | ET | OE | ES | | | | |
| 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: <u>10332</u> 2. Name of Operator: <u>PATARA OIL & GAS LLC</u> 3. Address: <u>333 CLAY STREET, STE #3960</u> City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u> | | 4. Contact Name: <u>Christopher Noonan</u> Phone: <u>(303) 820-4480</u> Fax: <u>(303) 820-4124</u> | | | | | |
| 5. API Number <u>05-113-06254-00</u> 7. Well Name: <u>ANDY'S MESA FED</u> 8. Location: QtrQtr: <u>SESE</u> Section: <u>28</u> Township: <u>44N</u> Range: <u>16W</u> Meridian: <u>N</u> 9. Field Name: <u>ANDY'S MESA</u> Field Code: <u>2500</u> | | 6. County: <u>SAN MIGUEL</u> Well Number: <u>75</u> | | | | | |
| <u>Completed Interval</u> | | | | | | | |
| FORMATION: <u>HONAKER TRAIL</u> | | Status: <u>PRODUCING</u> | | | | | |
| Treatment Date: <u>11/21/2010</u> | | Date of First Production this formation: <u>12/08/2010</u> | | | | | |
| Perforations Top: <u>6816</u> Bottom: <u>7670</u> | No. Holes: <u>180</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>11/27/2010</u> Hours: <u>24</u> | Bbls oil: <u>0</u> Mcf Gas: <u>3</u> Bbls H2O: <u>89</u> | | | | | | |
| Calculated 24 hour rate: _____ | Bbls oil: <u>0</u> Mcf Gas: <u>3</u> Bbls H2O: <u>89</u> GOR: _____ | | | | | | |
| Test Method: <u>Flow</u> | Casing PSI: _____ Tubing PSI: <u>570</u> Choke Size: <u>32/64</u> | | | | | | |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>DRY</u> BTU Gas: <u>1004</u> API Gravity Oil: <u>0</u> | | | | | | |
| Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7250</u> | Tbg setting date: <u>12/01/2010</u> Packer Depth: _____ | | | | | | |
| Reason for Non-Production: _____ | | | | | | | |
| 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: _____ | | | | | | | |
| I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete. | | | | | | | |
| Signed: _____ | | Print Name: <u>Christopher A. Noonan</u> | | | | | |
| Title: <u>Permit Agent</u> | Date: <u>3/3/2011</u> | Email <u>danielle@banko1.com</u> | | | | | |

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400135863 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)