

<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
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>400135863</b> </div>				

1. OGCC Operator Number: <u>10332</u> 2. Name of Operator: <u>PATARA OIL &amp; 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>
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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> 9. Field Name: <u>ANDY'S MESA</u> Field Code: <u>2500</u>	6. County: <u>SAN MIGUEL</u> Well Number: <u>75</u> Range: <u>16W</u> Meridian: <u>N</u>
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<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	
<b>Test Information:</b>	
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: Christopher A. Noonan

Title: Permit Agent      Date: 3/3/2011      Email: danielle@banko1.com

**Attachment Check List**

Att Doc Num	Name
400135863	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)