


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;">2537324</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>55575</u>		4. Contact Name: <u>DEB POWELL</u>					
2. Name of Operator: <u>MCELVAIN OIL & GAS PROPERTIES</u>		Phone: <u>(303) 893-0933</u>					
3. Address: <u>1050 17TH ST STE 2500</u>		Fax: <u>(303) 893-0914</u>					
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80265-20</u>							
5. API Number <u>05-067-09814-00</u>		6. County: <u>LA PLATA</u>					
7. Well Name: <u>BULLSEYE</u>		Well Number: <u>22</u>					
8. Location: QtrQtr: <u>NWSE</u> Section: <u>20</u> Township: <u>33N</u> Range: <u>8W</u> Meridian: <u>N</u>							
9. Field Name: <u>IGNACIO BLANCO</u>		Field Code: <u>38300</u>					
Completed Interval							
FORMATION: <u>FRUITLAND COAL</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>05/19/2011</u>		Date of First Production this formation: <u>06/01/2011</u>					
Perforations Top: <u>3550</u> Bottom: <u>3715</u>		No. Holes: <u>174</u> Hole size: <u>4/100</u>					
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
1ST- 3696'-3715'- 24 BBLS 2% KCL, 12 BBLS 15% HCL, 927.9 BBLS GW-3DWF, 60881# 16/30 SAND 2ND- 3596'-2603'- 9 BBLS 2% KCL, 12 BBLS 15% HCL, 559.3 BBLS GW-3DWF, 33144 # 16/30 SAND 3RD- 3550'-3567' 30 BBLS 2% KCL, 12 BBLS 15% HCL, 987 BBLS GW-3LDWF, 51136 # 20/40 SAND							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>06/01/2011</u> Hours: <u>24</u>		Bbls oil: <u>0</u> Mcf Gas: <u>200</u> Bbls H2O: <u>100</u>					
Calculated 24 hour rate:		Bbls oil: <u>0</u> Mcf Gas: <u>200</u> Bbls H2O: <u>100</u> GOR: _____					
Test Method: <u>FLOWING</u>		Casing PSI: <u>1020</u> Tubing PSI: <u>860</u> Choke Size: _____					
Gas Disposition: <u>SOLD</u>		Gas Type: <u>DRY</u> BTU Gas: <u>0</u> API Gravity Oil: <u>0</u>					
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>3754</u>		Tbg setting date: <u>05/24/2011</u> Packer Depth: _____					
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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%; margin-top: 5px;"></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: DEBORAH K POWELL

Title: ENG TECH MANAGER Date: 6/6/2011 Email DEBBYP@MCELVAIN.COM
:

Attachment Check List

Att Doc Num	Name
2537324	FORM 5A SUBMITTED
2537325	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)