

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



DE ET OE ES

Document Number:
400171364

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: 3250 4. Contact Name: Jodi Keeler
2. Name of Operator: ANTELOPE ENERGY COMPANY LLC Phone: (308) 235-4661
3. Address: P O BOX 577 Fax: (308) 235-4550
City: KIMBALL State: NE Zip: 69145

5. API Number 05-123-32490-00 6. County: WELD
7. Well Name: State Well Number: 9-61-16
8. Location: QtrQtr: SESE Section: 16 Township: 9N Range: 61W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: J SAND Status: SHUT IN

Treatment Date: 05/18/2011 Date of First Production this formation: _____
Perforations Top: 7274 Bottom: 7280 No. Holes: 24 Hole size: 42/100

Provide a brief summary of the formation treatment: _____ Open Hole:
No treatment or stimulation has been done. Perforated and swabbed. SI well pending further evaluation.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/19/2011 Hours: 7 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 107
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 366 GOR: _____
Test Method: Swab Casing PSI: 20 Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ BTU Gas: 0 API Gravity Oil: 0
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: 05/18/2011 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: Jodi Keeler
Title: Production Manager Date: 6/3/2011 Email: jodik@antelope-energy.com

Attachment Check List

Att Doc Num	Name
400171364	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)