

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:

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)