

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:

400163488

**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: 56565 4. Contact Name: Arlene Valliquette  
2. Name of Operator: MERIT ENERGY COMPANY Phone: (972) 628-1558  
3. Address: 13727 NOEL ROAD STE 500 Fax: (972) 628-1858  
City: DALLAS State: TX Zip: 75240

5. API Number 05-123-24919-00 6. County: WELD  
7. Well Name: GATEWOOD Well Number: 5  
8. Location: QtrQtr: NENW Section: 1 Township: 5N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: _____	Date of First Production this formation: _____
Perforations Top: <u>6887</u> Bottom: <u>6904</u>	No. Holes: <u>102</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: _____ Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____	Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: _____	
<u>Temporarily abandoned formation to test Niobrara formation</u>	
Date formation Abandoned: <u>03/09/2011</u>	Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>6870</u>	Sacks cement on top: <u>2</u>

FORMATION: NIOBARRA Status: PRODUCING

Treatment Date: 03/15/2011 Date of First Production this formation: 03/16/2011

Perforations Top: 6602 Bottom: 6784 No. Holes: 216 Hole size: 0.4

Provide a brief summary of the formation treatment: Open Hole: ☐

Fraced with 3692 bbls fluid & 240,000# 30/50 Ottawa Sand + 23,750# 40/70 Ottawa Sand

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date: 03/31/2011 Hours: 24 Bbls oil: 35 Mcf Gas: 140 Bbls H2O: 17

Calculated 24 hour rate: Bbls oil: 35 Mcf Gas: 140 Bbls H2O: 17 GOR: 4000

Test Method: Flowing Casing PSI: 520 Tubing PSI: 520 Choke Size:

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1247 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6577 Tbg setting date: 03/30/2011 Packer Depth:

Reason for Non-Production:

Date formation Abandoned:  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: Arlene Valliquette

Title: Regulatory Manager Date: 5/10/2011 Email arlene.valliquette@meritenergy.com

:

**Attachment Check List**

Att Doc Num	Name
400163488	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)