


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>	DE	ET	OE	ES																					
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COMPLETED INTERVAL REPORT			Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">400177455</div>																									
<p>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.</p>																												
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Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>																												
Re-Perf Codell 6711'-6719' (24 new holes) Original perf 6711'-3719' (18 holes) Re-Frac'd Codell w/ 119 bbl Active Pad, 596 bbls of 26# pHaser pad, 2056 bbls of 26# pHaser, 217220# 20/40 , 8000 #20/40 SB Excel																												
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																												
Test Information:																												
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Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____																									
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____																									
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></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: _____																												

FORMATION: <u>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: _____		Date of First Production this formation: <u>06/16/2011</u>			
Perforations	Top: <u>6455</u>	Bottom: <u>6719</u>	No. Holes: <u>70</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					
Test Information:					
Date: <u>06/30/2011</u>	Hours: <u>24</u>	Bbls oil: <u>19</u>	Mcf Gas: <u>85</u>	Bbls H2O: <u>5</u>	
Calculated 24 hour rate:		Bbls oil: <u>19</u>	Mcf Gas: <u>85</u>	Bbls H2O: <u>5</u>	GOR: <u>4474</u>
Test Method: <u>Flowing</u>		Casing PSI: <u>1250</u>	Tubing PSI: <u>780</u>	Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1236</u>	API Gravity Oil: <u>46</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6697</u>	Tbg setting date: <u>06/09/2011</u>	Packer Depth: _____		
Reason for Non-Production:					
<div style="border: 1px solid black; height: 20px; width: 100%;"></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: _____			

FORMATION: <u>NIOBRARA</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>05/11/2011</u>		Date of First Production this formation: _____			
Perforations	Top: <u>6455</u>	Bottom: <u>6552</u>	No. Holes: <u>28</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Perf Niobrara "A" 6455'-6457' (4 holes), Niobrara "B" 6544'-6552' (24 holes) Frac'd Niobrara W/ 119 bbl FE-1A pad, 1549 bbls of slickwater pad, 144 bbls of pHaser 20# pad, 2314 bbls 20# pHaser, 240300# 20/40, 12,000# 20/40 SB Excel					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
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:					
<div style="border: 1px solid black; height: 20px; width: 100%;"></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%;"></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: Jeff Glossa

Title: Sr Engineering Tech Date: 7/20/2011 Email jglossa@petd.com
:

Attachment Check List

Att Doc Num	Name
400177455	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)