


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;">400137657</div>																														
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.																																	
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Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>																																	
CODELL PERF 7694-7708 HOLES56 SIZE .420 FRAC W/13,521 GAL OF FR - 66 WATER 202,734 GAL OF FR - 66 WATER CARRYING 857.60 LB OF SAND - PREMIUM - 30/50 BULK																																	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																	
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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: Rhonda Sandquist

Title: Land Assistant Date: 5/17/2011 Email rsandquist@syrinfo.com
:

Attachment Check List

Att Doc Num	Name
400137657	FORM 5A SUBMITTED
400153069	CEMENT JOB SUMMARY
400153070	CEMENT JOB SUMMARY
400165724	WELLBORE DIAGRAM

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)