


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%; text-align: center;">DE</td> <td style="width: 25%; text-align: center;">ET</td> <td style="width: 25%; text-align: center;">OE</td> <td style="width: 25%; text-align: center;">ES</td> </tr> </table> Document Number: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">1636083</div>	DE	ET	OE	ES				
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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.											
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<table style="width: 100%;"> <tr> <td style="width: 25%;">Perforations</td> <td style="width: 25%;">Top: <u>7351</u></td> <td style="width: 25%;">Bottom: <u>7374</u></td> <td style="width: 25%;">No. Holes: <u>86</u></td> <td style="width: 20%;">Hole size: <u>41/100</u></td> </tr> </table>				Perforations	Top: <u>7351</u>	Bottom: <u>7374</u>	No. Holes: <u>86</u>	Hole size: <u>41/100</u>			
Perforations	Top: <u>7351</u>	Bottom: <u>7374</u>	No. Holes: <u>86</u>	Hole size: <u>41/100</u>							
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
<div style="border: 1px solid black; padding: 5px;"> <u>"SLICK WATER" 87,558 LBS 30/50 SAND FRACTURE TREATMENT.</u> </div>											
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
Test Information:											
<table style="width: 100%;"> <tr> <td>Date: _____</td> <td>Hours: _____</td> <td>Bbls oil: _____</td> <td>Mcf Gas: _____</td> <td>Bbls H2O: _____</td> </tr> </table>				Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____							
<table style="width: 100%;"> <tr> <td>Calculated 24 hour rate: _____</td> <td>Bbls oil: _____</td> <td>Mcf Gas: _____</td> <td>Bbls H2O: _____</td> <td>GOR: _____</td> </tr> </table>				Calculated 24 hour rate: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____			
Calculated 24 hour rate: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____							
<table style="width: 100%;"> <tr> <td>Test Method: _____</td> <td>Casing PSI: _____</td> <td>Tubing PSI: _____</td> <td>Choke Size: _____</td> </tr> </table>				Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____				
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<table style="width: 100%;"> <tr> <td>Gas Disposition: <u>SOLD</u></td> <td>Gas Type: <u>WET</u></td> <td>BTU Gas: _____</td> <td>API Gravity Oil: _____</td> </tr> </table>				Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: _____	API Gravity Oil: _____				
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<table style="width: 100%;"> <tr> <td>Tubing Size: _____</td> <td>Tubing Setting Depth: _____</td> <td>Tbg setting date: _____</td> <td>Packer Depth: _____</td> </tr> </table>				Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____				
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 checked="" type="checkbox"/> No If yes, number of sacks cmt _____											
Bridge Plug Depth: _____ Sacks cement on top: <u>0</u>											

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>NIOBRARA</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>04/02/2011</u>		Date of First Production this formation: <u>04/18/2011</u>		
Perforations	Top: <u>7158</u>	Bottom: <u>7180</u>	No. Holes: <u>88</u>	Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">"SLICK WATER" STIMULATION WITH 90,468# 30-50 SAND.</div>				
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:				
Date: <u>04/18/2011</u>	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____
Calculated 24 hour rate:		Bbls oil: <u>122</u>	Mcf Gas: <u>350</u>	Bbls H2O: _____ GOR: <u>3</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1350</u>	Tubing PSI: <u>1125</u>	Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1</u>	API Gravity Oil: <u>54</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7328</u>	Tbg setting date: <u>04/15/2011</u>	Packer Depth: _____	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>				
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt _____	
Bridge Plug Depth: <u>7250</u>	Sacks cement on top: <u>0</u>			

Comment: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.			
Signed: _____		Print Name: <u>RICHARD GRIMMETTE</u>	
Title: <u>MANAGER</u>	Date: <u>4/27/2011</u>	Email <u>RCGRIMMETTE@GMAIL.COM</u>	

Attachment Check List

Att Doc Num	Name
1636083	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)