

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:

1907505

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: 25255

4. Contact Name: BEN CANTRALL

2. Name of Operator: DUKE GAS COMPANY LLC

Phone: (970) 630-0385

3. Address: 22500 COUNTY RD 24

Fax:

City: VERNON State: CO Zip: 80755

5. API Number 05-125-11940-00

6. County: YUMA

7. Well Name: CANTRALL

Well Number: 35-8

8. Location: QtrQtr: SENE Section: 35 Township: 1S Range: 45W Meridian: 6

9. Field Name: DUKE Field Code: 18890

Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 11/29/2010

Date of First Production this formation: 12/21/2010

Perforations Top: 2158 Bottom: 2192 No. Holes: 136 Hole size: 37/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERFORATED NB W/4 HOLES PER FOOT FOR 34 FEET. RAN CEMENT BOND/GR/CCL. WELL TREATED W/COMMINGLED CARBON DIOXIDE. STIMULATION USED 330 CWT OF DANIELS 16/30 AND 500 CWT 12/20 SAND, 60 TON OF CARBON DIOXIDE AND 38300 GAL OF WATER. VENTED THE WELL FOR 115 HRS.

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

Test Information:

Date: 12/19/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1198 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:

Test Method: CHOKE Casing PSI: 70 Tubing PSI: Choke Size: 48/64

Gas Disposition: VENTED Gas Type: BTU Gas: 991 API Gravity Oil: 0

Tubing Size: Tubing Setting Depth: Tbg setting date: 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: BEN CANTRALL

Title: OWNER Date: 12/22/2010 Email:

Attachment Check List

Att Doc Num	Name
1907505	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)