

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:

400151882

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: 10334

4. Contact Name: CLAYTON DOKE

2. Name of Operator: SLAWSON EXPLORATION COMPANY INC

Phone: (970) 669-7411

3. Address: 1675 BROADWAY - SUITE 1600

Fax: (970) 669-4077

City: DENVER State: CO Zip: 80202

5. API Number 05-123-31719-00

6. County: WELD

7. Well Name: JOKER

Well Number: 36-9-62

8. Location: QtrQtr: NW NW Section: 36 Township: 9N Range: 62W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 02/23/2011

Date of First Production this formation: 03/11/2011

Perforations	Top:	6812	Bottom:	11367	No. Holes:	Hole size:
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Provide a brief summary of the formation treatment:

Open Hole: ☒

Frac'd (13 stages, 11,291'-6,812') w/ 1,208,508 gal w/2,069,159# SND total (190,807# 40/70, 1,878,352# 20/40). Please see attached description for details.

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

Test Information:

Date:	04/18/2011	Hours:	24	Bbls oil:	111	Mcf Gas:	20	Bbls H2O:	70
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Calculated 24 hour rate:	Bbls oil:	111	Mcf Gas:	20	Bbls H2O:	70	GOR:	1802
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Test Method: Pumping	Casing PSI: 0	Tubing PSI: 0	Choke Size:
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Gas Disposition:	FLARED	Gas Type:	DRY	BTU Gas:	1333	API Gravity Oil:	33
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Tubing Size: 2 + 7/8 Tubing Setting Depth: 6120 Tbg setting date: 03/17/2011 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:

TAC @ 6,037'.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: CLAYTON DOKE

Title: ENGINEER Date: Email cdoke@petersonenergy.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400197515	OPERATIONS SUMMARY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)