


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> Document Number: <div style="text-align: center; font-weight: bold;">1715773</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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<u>Completed Interval</u>											
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Treatment Date: <u>01/13/2009</u> Date of First Production this formation: <u>01/21/2009</u>											
Perforations Top: <u>6958</u> Bottom: <u>7962</u> No. Holes: <u>112</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;">FRAC'D W/2646 GALS 7.5% HCL ACID, 764,900 GALS 3% KCL WATER (CWS-600) AND 375, 658# 20/40 SAND.</div>											
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Test Information:											
Date: <u>02/15/2009</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>943</u> Bbls H2O: <u>90</u>											
Calculated 24 hour rate: _____ Bbls oil: <u>0</u> Mcf Gas: <u>943</u> Bbls H2O: <u>90</u> GOR: <u>0</u>											
Test Method: <u>FLOWING</u> Casing PSI: <u>650</u> Tubing PSI: <u>240</u> Choke Size: <u>32/64</u>											
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1022</u> API Gravity Oil: _____											
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7708</u> Tbg setting date: <u>01/20/2009</u> Packer Depth: _____											
Reason for Non-Production: _____											
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: _____											

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>WILLIAMS FORK-ILES</u>			Status: <u>COMMINGLED</u>		
Treatment Date: <u>01/13/2009</u>		Date of First Production this formation: <u>01/21/2009</u>			
Perforations	Top: <u>6958</u>	Bottom: <u>7962</u>	No. Holes: <u>112</u>	Hole size: <u>41/100</u>	
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Reason for Non-Production: <div></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:

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

Signed: Y Print Name: MICHAEL STANLEY
Title: REGULATORY Date: 7/7/2009 Email MSTANLEY@DELTAPETRO.COM
:

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)