

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: 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.

1. OGCC Operator Number: 69805
2. Name of Operator: PETROX RESOURCES INC
3. Address: P O BOX 2600
City: MEEKER State: CO Zip: 81641
4. Contact Name: MIKE CLARK
Phone: (970) 878-5594
Fax:

5. API Number 05-007-06275-00
6. County: ARCHULETA
7. Well Name: LARK 33-5
Well Number: 21-2
8. Location: QtrQtr: SWSW Section: 21 Township: 33N Range: 5W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: SHUT IN
Treatment Date: 05/04/2010 Date of First Production this formation:
Perforations Top: Bottom: No. Holes: Hole size:
Provide a brief summary of the formation treatment: Open Hole: [X]
HORIZONTAL WITH 4.5" SLOTTED LINER - NO TREATMENT
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 05/04/2010 Hours: 8 Bbls oil: 0 Mcf Gas: 266 Bbls H2O: 20
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 800 Bbls H2O: 60 GOR: 0
Test Method: FLOWING Casing PSI: 450 Tubing PSI: 100 Choke Size:
Gas Disposition: VENTED Gas Type: COAL GAS BTU Gas: 910 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6125 Tbg setting date: 05/04/2010 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: BARBARA VAUGHN
Title: ADMIN ASST Date: 2/3/2011 Email:

Attachment Check List

Att Doc Num	Name
2072604	FORM 5A SUBMITTED
400198985	FORM 5A SUBMITTED
400198987	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)