

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:

400198985

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

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

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)