

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



DE	ET	OE	ES
----	----	----	----

Document Number:

1635857

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: 83555 4. Contact Name: JAY JACKSON
2. Name of Operator: SUNBURST INC Phone: (303) 781-3044
3. Address: 1401 E GIRARD STE 143 Fax: _____
City: ENGLEWOOD State: CO Zip: 80110

5. API Number 05-069-06404-00 6. County: LARIMER
7. Well Name: VADER Well Number: 33-15
8. Location: QtrQtr: SWSE Section: 33 Township: 5N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J SAND</u>		Status: <u>SHUT IN</u>		
Treatment Date: _____		Date of First Production this formation: _____		
Perforations	Top: <u>7648</u>	Bottom: <u>7668</u>	No. Holes: <u>40</u>	Hole size: <u>43/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<u>NATURAL</u>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Test Information:				
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: _____				
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input checked="" 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: JAY JACKSON

Title: PRESIDENT Date: 4/25/2011 Email: SUNL045@AOL.COM

Attachment Check List

Att Doc Num	Name
1635857	FORM 5A SUBMITTED
2537471	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	WELL STILL TO BE FRAC'D.	8/26/2011 2:26:48 PM
Data Entry	WRITTEN EMAIL ADDRESS NOT CLEAR. CHECK ACCURACY.	5/31/2011 10:25:53 AM

Total: 2 comment(s)