

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 6846 Bottom: 7152 No. Holes: 100 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/20/2011 Hours: 24 Bbls oil: 24 Mcf Gas: 160 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 24 Mcf Gas: 160 Bbls H2O: 0 GOR: 6666

Test Method: Flowing Casing PSI: 1480 Tubing PSI: _____ Choke Size: _____

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1100 API Gravity Oil: 33

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 06/27/2011 Date of First Production this formation: _____

Perforations Top: 6846 Bottom: 7046 No. Holes: 72 Hole size: 38/100

Provide a brief summary of the formation treatment: _____ Open Hole:

Frac'd NBRR A 6846'-6852', NBRR B 6964'-6970', NBRR C 7040'-7046' w/ 227,766 gal (130,200 gal S-W, 97,566 gal X-link gel) & 295,200# SND (241,320# 20/40 & 53,880# 30/50)

This formation is commingled with another formation: Yes 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: 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: CLAYTON DOKE

Title: PETROLEUM 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

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)