

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:

400134089

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: 57667	4. Contact Name: CLAYTON DOKE
2. Name of Operator: MINERAL RESOURCES, INC.	Phone: (970) 669-7411
3. Address: PO BOX 328	Fax: (970) 669-4077
City: GREELEY State: CO Zip: 80632	

5. API Number 05-123-31836-00	6. County: WELD
7. Well Name: COLE X6	Well Number: 4-8-31
8. Location: QtrQtr: nesw Section: 31 Township: 5N Range: 65W Meridian: 6	
9. Field Name: WATTENBERG	Field Code: 90750

Completed Interval

FORMATION: CODELL	Status: COMMINGLED
Treatment Date: 11/06/2010	Date of First Production this formation:
Perforations Top: 7662 Bottom: 7672	No. Holes: 40 Hole size: 4/10
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Frac'd CODL w/ 100,639 gal pHaserFrac (86,534 gal SLF) & 249, 532# 30/50. ATP= 4992 psi, ATR= 41.8 BPM. TP,max=5244 psi, TR,max= 51.6 BPM.	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> No	If yes, number of sacks cmt
Bridge Plug Depth: Sacks cement on top:	

FORMATION: NIOBRARA-CODELLStatus: PRODUCING

Treatment Date: _____

Date of First Production this formation: 12/03/2010Perforations Top: 7662 Bottom: 7486 No. Holes: 96 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 12/19/2010 Hours: 24 Bbls oil: 38 Mcf Gas: 1160 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 38 Mcf Gas: 1160 Bbls H2O: 0 GOR: 30526Test Method: FLOWING Casing PSI: 1400 Tubing PSI: _____ Choke Size: 12/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1264 API Gravity Oil: 58

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: NIOBRARAStatus: COMMINGLEDTreatment Date: 11/08/2010

Date of First Production this formation: _____

Perforations Top: 7359 Bottom: 7486 No. Holes: 56 Hole size: 21/50

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd NBRR "A" (7,359'-7,365') & NBRR "B" (7,478'-7,486') w/ 98,296 gal pHaserFrac, 115,001 gal FW (193,159 gal SLF) & 294,060# 30/50. ATP= 5036 psi, ATR= 51.8 BPM. TP,max= 5251 psi, TR,max= 53.5 BPM.

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 DOKETitle: ENGINEER Date: 9/29/2011 Email: cdoke@petersonenergy.com

Attachment Check List

Att Doc Num	Name
400134089	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)