

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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| DE | ET | OE | ES |
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Document Number:

400140414

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 05-123-25895-00 6. County: WELD
7. Well Name: MCCOUTCHEONS Y8 Well Number: 7-5-31
8. Location: QtrQtr: SENW Section: 31 Township: 5N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

| | | | |
|--|--------------------------------------|---|---|
| FORMATION: <u>CODELL</u> | | Status: <u>PRODUCING</u> | |
| Treatment Date: <u>11/14/2010</u> | | Date of First Production this formation: <u>12/01/2010</u> | |
| Perforations | Top: <u>7656</u> Bottom: <u>7666</u> | No. Holes: <u>40</u> | Hole size: <u>4/10</u> |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | |
| Frac'd CODL w/ 97,529 gal pHaserFrac, 22,154 gal FW (83,514 gal SLF) & 250,000# 30/50. ATP= 4961 psi, ATR= 47.4 BPM. TP,max= 5463 psi, TR,max= 48.4 BPM. | | | |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Test Information: | | | |
| Date: <u>12/21/2010</u> | Hours: <u>24</u> | Bbls oil: <u>44</u> | Mcf Gas: <u>432</u> Bbls H2O: <u>0</u> |
| Calculated 24 hour rate: | | Bbls oil: <u>44</u> | Mcf Gas: <u>432</u> Bbls H2O: <u>0</u> GOR: <u>9818</u> |
| Test Method: <u>FLOWING</u> | Casing PSI: <u>1500</u> | Tubing PSI: <u></u> | Choke Size: <u>12/64</u> |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> | BTU Gas: <u>1264</u> | API Gravity Oil: <u>58</u> |
| Tubing Size: <u></u> | Tubing Setting Depth: <u></u> | Tbg setting date: <u></u> | Packer Depth: <u></u> |
| Reason for Non-Production: <u></u> | | | |
| Date formation Abandoned: <u></u> | | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt <u></u> |
| Bridge Plug Depth: <u></u> | | Sacks cement on top: <u></u> | |

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

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400140414 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)