

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

Document Number: 400140414

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

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: CODELL Status: PRODUCING

Treatment Date: 11/14/2010 Date of First Production this formation: 12/01/2010

Perforations Top: 7656 Bottom: 7666 No. Holes: 40 Hole size: 4/10

Provide a brief summary of the formation treatment: Open Hole: []

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: [X] Yes [] No

Test Information:

Date: 12/21/2010 Hours: 24 Bbls oil: 44 Mcf Gas: 432 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 44 Mcf Gas: 432 Bbls H2O: 0 GOR: 9818

Test Method: FLOWING Casing PSI: 1500 Tubing PSI: Choke Size: 12/64

Gas 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:

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

<u>Att Doc Num</u>	<u>Name</u>
400140414	FORM 5A SUBMITTED

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