

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



Table with 4 columns: DE, ET, OE, ES

COMPLETED INTERVAL REPORT

Document Number: 400148046

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: 10273
2. Name of Operator: HRM RESOURCES LLC
3. Address: 555 17TH STREET #950
City: DENVER State: CO Zip: 80202
4. Contact Name: CLAYTON DOKE
Phone: (970) 669-7411
Fax: (970) 669-4077

5. API Number 05-001-09709-00
6. County: ADAMS
7. Well Name: CARLSON
Well Number: 12-18
8. Location: QtrQtr: SWNW Section: 18 Township: 1S Range: 67W Meridian: 6
9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: CODELL Status: PRODUCING
Treatment Date: 01/17/2011 Date of First Production this formation:
Perforations Top: 8054 Bottom: 8070 No. Holes: 64 Hole size: 42/100
Provide a brief summary of the formation treatment: Open Hole:
Frac'd (8054'-8070') w/ 17,056 gal SW, 108,355 gal X-L (83,236 gal SLF) & 251,320# 30/50
This formation is commingled with another formation: [X] 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:

FORMATION: DAKOTA Status: DRY AND ABANDONED

Treatment Date: 03/13/2010 Date of First Production this formation: _____

Perforations Top: 8659 Bottom: 8695 No. Holes: 112 Hole size: 42/100

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

(3/13/10)ACIDIZED, 1000GL OF 10% SBM MSA ACID (ACETIC ACID) W/ 2 GaL OF GASPERM 110 & 2 GaL OF LOSURF-300D W/50-7/8" FRAC BALLS (2 BALLS/BBL)

(4/2/10)FRAC'D DAKOTA 8660'-8674'W/67,100 GAL FRAC FLUID, 11,300# 40/70 SAND 54,700# 20/40 SAND.

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:

Production sub-economic.

Date formation Abandoned: 07/14/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 8634 Sacks cement on top: 2

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

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

Perforations Top: 7626 Bottom: 8522 No. Holes: 280 Hole size: _____

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

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: _____

FORMATION: J SAND Status: PRODUCING

Treatment Date: 07/20/2011 Date of First Production this formation: _____

Perforations Top: 8498 Bottom: 8522 No. Holes: 72 Hole size: 42/100

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

Frac'd (J1: 8498'-8502' & J2: 8508'-8522') w/ 75,264 gal SW, 97,146 gal 22# pHF & 320,320# 40/70+20/40 TOT (12,000# SB Tailed in)

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: _____

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 01/17/2011 Date of First Production this formation: _____

Perforations Top: 7626 Bottom: 7912 No. Holes: 144 Hole size: 42/100

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

Frac'd (NBRR A: 7626'-7634', NBRR B: 7798'-7812', NBRR C: 7898'-7912') w/ 120,498 gal SW, 98,574 gal X-L (173,670 gal SLF) & 44,040# 40/70, 241,300# 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: ENGINEER Date: 9/29/2011 Email: cdoke@petersonenergy.com

Attachment Check List

Att Doc Num	Name
400148046	FORM 5A SUBMITTED
400209852	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)