

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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COMPLETED INTERVAL REPORT

Document Number:

2588562

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: 55575 4. Contact Name: DEB POWELL
 2. Name of Operator: MCELVAIN ENERGY INC Phone: (303) 893-0933
 3. Address: 1050 17TH ST STE 2500 Fax: (303) 893-0914
 City: DENVER State: CO Zip: 80265-

5. API Number 05-125-11685-00 6. County: YUMA
 7. Well Name: Maroon Well Number: 18-4
 8. Location: QtrQtr: Lot 1 Section: 18 Township: 2S Range: 46W Meridian: 6
 9. Field Name: MILDRED WEST Field Code: 54985

Completed Interval

FORMATION: NIOBRARA Status: SHUT IN
 Treatment Date: 08/30/2011 Date of First Production this formation: _____
 Perforations Top: 2494 Bottom: 2524 No. Holes: 90 Hole size: 40/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
60.07 TONS OF CO2, 33,000# 16/30 SAND. 500 GAL 7.5% HCL, 110 GAL SCALE INHIBITER.
 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:
FORM 5 DOC #2588560

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
 Signed: _____ Print Name: DEBORAH K. POWELL
 Title: ENG TECH SUPERVISOR Date: 9/9/2011 Email: DEBBYP@MCELVAIN.COM

Attachment Check List

Att Doc Num	Name
2588562	FORM 5A SUBMITTED
2588563	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)