

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:

2588562

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: 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: <u>NIOBRARA</u>	Status: <u>SHUT IN</u>
Treatment Date: <u>08/30/2011</u>	Date of First Production this formation: _____
Perforations Top: <u>2494</u> Bottom: <u>2524</u>	No. Holes: <u>90</u> Hole size: <u>40/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>60.07 TONS OF CO2, 33,000# 16/30 SAND. 500 GAL 7.5% HCL, 110 GAL SCALE INHIBITER.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" 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: _____	

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)