

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: 2588675

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: 75027
2. Name of Operator: ROSEWOOD RESOURCES INC
3. Address: 2101 CEDAR SPRINGS RD STE 1500
City: DALLAS State: TX Zip: 75201
4. Contact Name: STACEY OWSTON
Phone: (970) 848-2228
Fax: (970) 848-2245

5. API Number 05-125-11975-00
6. County: YUMA
7. Well Name: D&S
Well Number: 43-22
8. Location: QtrQtr: NESE Section: 22 Township: 4N Range: 46W Meridian: 6
9. Field Name: WAVERLY Field Code: 90775

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 08/19/2011 Date of First Production this formation: 09/15/2011
Perforations Top: 2564 Bottom: 2592 No. Holes: 112 Hole size: 41/100
Provide a brief summary of the formation treatment: Open Hole: [ ]
FRAC'D W/49,053 GALS OF FRAC W/30# GEL & 70 QUALITY MAV FOAM, 100,060 16/30 DANIELS SAND, 420,000 SCF N2
This formation is commingled with another formation: [ ] Yes [X] No
Test Information:
Date: 08/20/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 416 Bbls H2O: 62
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 329 Bbls H2O: 59 GOR:
Test Method: FLOWING Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1000 API Gravity Oil: 0
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: STACEY OWSTON
Title: STACEY OWSTON Date: 9/8/2011 Email: SOWSTON@ROSEWD.COM

### Attachment Check List

Att Doc Num	Name
2588675	FORM 5A SUBMITTED

Total Attach: 1 Files

#### General Comments

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

Total: 0 comment(s)