

**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:

400206481

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: <u>30680</u>	4. Contact Name: <u>James Anderson</u>
2. Name of Operator: <u>FOUR STAR OIL & GAS COMPANY</u>	Phone: <u>(713) 3729881</u>
3. Address: <u>PO BOX 2100</u>	Fax: <u>(505) 3347117</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77252</u>	

5. API Number <u>05-067-06311-00</u>	6. County: <u>LA PLATA</u>
7. Well Name: <u>SOUTHERN UTE</u>	Well Number: <u>23</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>28</u> Township: <u>33N</u> Range: <u>9W</u> Meridian: <u>N</u>	
9. Field Name: <u>IGNACIO BLANCO</u> Field Code: <u>38300</u>	

Completed Interval

FORMATION: FRUITLAND COALStatus: PRODUCINGTreatment Date: 08/12/2010Date of First Production this formation: 08/27/2010Perforations Top: 2868 Bottom: 3120 No. Holes: 188 Hole size: 0.43Provide a brief summary of the formation treatment: _____ Open Hole:

3073'-3120': 1650 gal 15% HCl, Frac w/ 87771 gal, 151351# 20/40 sand
2868'-2890': 700 gal 15% HCl, Frac w/ 43411 gal, 78739# 20/40 sand

This formation is commingled with another formation: Yes No**Test Information:**Date: 09/14/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 148 Bbls H2O: 62Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 148 Bbls H2O: 62 GOR: 0Test Method: Pumping Casing PSI: 45 Tubing PSI: 40 Choke Size: _____Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 920 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 3159 Tbg setting date: 08/20/2010 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: MESAVERDEStatus: TEMPORARILY ABANDONED

Treatment Date: _____

Date of First Production this formation: _____

Perforations Top: 5500 Bottom: 5552 No. Holes: 56 Hole size: 0.43Provide 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: _____

Separate test up coals.

Date formation Abandoned: 08/01/2010 Squeeze: Yes No If yes, number of sacks cmt _____Bridge Plug Depth: 5000 Sacks cement on top: 0

Comment:

Submitting electronically as Mark Weems requested following loss of mailed copy.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: James L. AndersonTitle: Sr. Advisor, Petr. Eng. Date: 9/19/2011 Email: jamesanderson@chevron.com

Attachment Check List

Att Doc Num	Name
400206481	FORM 5A SUBMITTED
400206533	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)