

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:

2285878

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: 54380

2. Name of Operator: MATRIX ENERGY LLC

3. Address: 1241 THOROUGHbred ROAD

City: DURANGO State: CO Zip: 81303

4. Contact Name: DAVID M. BLANDFORD

Phone: (970) 247-1959

Fax: (970) 247-2359

5. API Number 05-123-33824-00

7. Well Name: MATRIX

6. County: WELD

Well Number: 24-29-17

8. Location: QtrQtr: SESW Section: 29 Township: 6N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL

Status: PRODUCING

Treatment Date: 08/24/2011

Date of First Production this formation: 09/09/2011

Perforations Top: 7284 Bottom: 7294 No. Holes: 40 Hole size: 41/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

FRAC'D CODELL WITH 3682 BBLS VISTAR 22 GEL AND 250,860# 20/40 SAND. ATP 3916 PSI. ATR 25.2 BPM. ISDP 3807 PSI.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 09/14/2011 Hours: 24 Bbls oil: 69 Mcf Gas: 236 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 69 Mcf Gas: 236 Bbls H2O: 0 GOR: 3420

Test Method: FLOWING Casing PSI: 500 Tubing PSI: Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: 51

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 # 2285884

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

Signed: Print Name: DAVID M. BLANDFORD

Title: CO-MANAGER Date: 10/20/2011 Email: ANDELEENERGY@GMAIL.COM

### Attachment Check List

Att Doc Num	Name
2285878	FORM 5A SUBMITTED
2285883	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	CHECK - MCF GAS ENTERED THEREFORE BTU GAS MUST BE ENTERED FOR SUBMISSION	12/12/2011 3:29:43 PM

Total: 1 comment(s)