

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:

2331327

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: 17320 4. Contact Name: JULIE BRANTING
 2. Name of Operator: CITY & COUNTY OF DENVER Phone: (720) 685-9014
 3. Address: 8500 PENA BLVD RM 9870 Fax: (720) 685-9016
 City: DENVER State: CO Zip: 80249

5. API Number 05-001-09674-00 6. County: ADAMS
 7. Well Name: DIA Well Number: 266-12-22
 8. Location: QtrQtr: NWNW Section: 12 Township: 2S Range: 66W Meridian: 6
 9. Field Name: BANNER Field Code: 5190

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 08/07/2011 Date of First Production this formation: 09/06/2011

Perforations Top: 8282 Bottom: 8294 No. Holes: 72 Hole size: 41/100

Provide a brief summary of the formation treatment: Open Hole:

TREATED WITH 7228 GAL LIMEAR PAD, 19712 GAL X LINKED PAD AND 53511 GAL SAND LADEN X-LINKED FLUID, 91100 LBS 20/40 WHITE AND 16000 LBS 20/40 SB EXCEL PROPPANT. AVERAGE RATE 30 BPM.

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/14/2011 Hours: 24 Bbls oil: 25 Mcf Gas: 41 Bbls H2O: 11

Calculated 24 hour rate: Bbls oil: 25 Mcf Gas: 41 Bbls H2O: 11 GOR: 1640

Test Method: FLOWING Casing PSI: 735 Tubing PSI: 600 Choke Size: 36/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1406 API Gravity Oil: 42

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8268 Tbg setting date: 09/01/2011 Packer Depth: _____

Reason for Non-Production:

HAVING TROUBLE GETTING GAS THROUGH ANADARKO'S GAS SEALES LINE

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: JULIE M BRANTING

Title: AGENT Date: 11/4/2011 Email: PETROPRO@COMCAST.NET

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2331327	FORM 5A SUBMITTED
2331328	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Operator is having problems with gas gatherer which is causing the well to look SI.	2/17/2012 8:03:56 AM

Total: 1 comment(s)