

**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:
400250878

Date Received:

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: <u>10133</u>	4. Contact Name: <u>JOHN MCKNIGHT</u>
2. Name of Operator: <u>HILCORP ENERGY COMPANY</u>	Phone: <u>(713) 209.2400</u>
3. Address: <u>P O BOX 61229</u>	Fax: <u>(713) 209.2478</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77208</u>	

5. API Number <u>05-001-06455-00</u>	6. County: <u>ADAMS</u>
7. Well Name: <u>STATE OF COLORADO AB</u>	Well Number: <u>1</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>16</u> Township: <u>2S</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>HOLSTER</u> Field Code: <u>36600</u>	

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 8373 Bottom: 8393 No. Holes: 60 Hole size: _____

Provide 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:
ABANDONED FOR NIOBRARA RECOMPLETION

Date formation Abandoned: 11/08/2011 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 8335 Sacks cement on top: 2

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 11/20/2011 Date of First Production this formation: _____

Perforations Top: 7719 Bottom: 7809 No. Holes: 100 Hole size: 0.42

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

Frac Summary Attached

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/22/2011 Hours: 24 Bbls oil: 5 Mcf Gas: 1 Bbls H2O: 100

Calculated 24 hour rate: _____ Bbls oil: 5 Mcf Gas: 1 Bbls H2O: 100 GOR: _____

Test Method: FLOW Casing PSI: 250 Tubing PSI: _____ Choke Size: _____

Gas Disposition: VENTED Gas Type: _____ BTU Gas: 1 API Gravity Oil: 38

Tubing Size: 3 + 1/2 Tubing Setting Depth: 7587 Tbg setting date: 11/17/2011 Packer Depth: 7587

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:
PLEASE CONTACT MARK JOHNSON AT MARK@BANKO1.COM IF THERE ARE ANY QUESTIONS ABOUT THIS SUBMISSION

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

Signed: _____ Print Name: KIM RODELL

Title: PERMIT AGENT Date: _____ Email: KIM@BANKO1.COM

Attachment Check List

Att Doc Num	Name
400257945	CEMENT JOB SUMMARY
400257947	WIRELINE JOB SUMMARY
400257949	OTHER
400257950	OTHER
400257960	WELLBORE DIAGRAM

Total Attach: 5 Files

General Comments

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

Total: 0 comment(s)