

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

Document Number: 2285086

Date Received: 10/05/2011

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: 27480
2. Name of Operator: ENERGEN RESOURCES CORPORATION
3. Address: 2010 AFTON PLACE
City: FARMINGTON State: NM Zip: 87401
4. Contact Name: ANNA STOTTS
Phone: (505) 325-6800
Fax: (505) 326-6112

5. API Number 05-067-09850-00
6. County: LA PLATA
7. Well Name: QUINTANA 32-6
Well Number: 15-3R
8. Location: QtrQtr: SENE Section: 15 Township: 32N Range: 6W Meridian: N
9. Field Name: Field Code:

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING

Treatment Date: 08/30/2011 Date of First Production this formation:

Perforations Top: 3261 Bottom: 3387 No. Holes: 40 Hole size: 41/100

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

PUMPED 38,482 GAL OF 13 CP DELTA 140, 850# 20/40 SAND-REACHED MAX PRESSURE, HAD TO SHUT DOWN & REFRAC ON 08/30/2011. ON 08/30/2011 - 128,753 GAL OF 13 CP DELTA 140, 10,000# OF 100 MESH SAND, 113,300# OF 30/40 SAND.

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 09/16/2011 Hours: 2 Bbls oil: Mcf Gas: 200 Bbls H2O:

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:

Test Method: PRODUCTION TEST Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 967 API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 3410 Tbg setting date: 09/24/2011 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 #2285084

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

Signed: Print Name: ANNA STOTTS

Title: REGULATORY Date: 9/30/2011 Email: ASTOTTS@ENERGEN.COM

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 2285086 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)