

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:

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

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 ☒ 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)