

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: 26625
2. Name of Operator: ELM RIDGE EXPLORATION CO LLC
3. Address: 12225 GREENVILLE AVE STE 950
City: DALLAS State: TX Zip: 95243
4. Contact Name: Amy Mackey
Phone: (505) 6323476
Fax: (505) 6328151

5. API Number 05-067-09603-00
6. County: LA PLATA
7. Well Name: IGW
Well Number: 150
8. Location: QtrQtr: NWSE Section: 13 Township: 33N Range: 9W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING

Treatment Date: 09/24/2010 Date of First Production this formation: 10/27/2010

Perforations Top: Bottom: No. Holes: 132 Hole size: 0.38

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

2400 Gal. of 7.5% FE Acid w/ iron seq, double inhibitor Losurf, pumped 1000 gals of 7.5 HF acid, 1825 MSCF N2, 45775 gals of 13 CP 70Q Delta w/ SWNT and 1840 sks of 20/40 sand.

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

Test Information:

Date: 10/27/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 242 Bbls H2O: 50

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 242 Bbls H2O: 50 GOR:

Test Method: flowing Casing PSI: 189 Tubing PSI: 52 Choke Size:

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 969 API Gravity Oil: 0

Tubing Size: Tubing Setting Depth: Tbg setting date: 10/08/2010 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:

Updated form requested by Steve Frees on 3-19-12.

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

Signed: Print Name: Amy Mackey

Title: Administrative Manager Date: Email amackey1@elmridge.net

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

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

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