

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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01/06/2012

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: 54380

4. Contact Name: DAVID BLANDFORD

2. Name of Operator: MATRIX ENERGY LLC

Phone: (970) 247-1959

3. Address: 1241 THOROUGHbred ROAD

Fax: (370) 247-2359

City: DURANGO State: CO Zip: 81303

5. API Number 05-123-33757-00

6. County: WELD

7. Well Name: KUETTEL

Well Number: 14-10-16

8. Location: QtrQtr: SWSW Section: 10

Township: 5N

Range: 65W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
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Treatment Date: <u>09/23/2011</u>	Date of First Production this formation: <u>11/17/2011</u>
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Perforations	Top: <u>7204</u>	Bottom: <u>7214</u>	No. Holes: <u>40</u>	Hole size: <u>41/100</u>
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Provide a brief summary of the formation treatment: _____ Open Hole: ☐

FRAC'D WITH 3723 BBLS SLICK WATER AND VISTA 22 GEL AND 251040# SAND. ATP 3892 PSI. ATP 26.6 BPM. ISDP 3762 PSI.

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: <u>11/19/2011</u>	Hours: <u>24</u>	Bbls oil: <u>98</u>	Mcf Gas: <u>525</u>	Bbls H2O: <u>0</u>
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Calculated 24 hour rate:	Bbls oil: <u>98</u>	Mcf Gas: <u>525</u>	Bbls H2O: <u>0</u>	GOR: <u>5357</u>
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Test Method: <u>FLOWING</u>	Casing PSI: <u>1880</u>	Tubing PSI: _____	Choke Size: <u>12/64</u>
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Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1303</u>	API Gravity Oil: <u>54</u>
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Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
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Reason for Non-Production: _____

Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
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Bridge Plug Depth: _____	Sacks cement on top: _____
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FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
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Treatment Date: <u>09/24/2011</u>	Date of First Production this formation: <u>11/17/2011</u>
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Perforations	Top: <u>6952</u>	Bottom: <u>7070</u>	No. Holes: <u>80</u>	Hole size: <u>41/100</u>
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Provide a brief summary of the formation treatment: _____ Open Hole: ☐

FRAC'D WITH GAL 15% HCL, 6112 BBLS SLICK WATER AND 205180# SAND. ATP 4609 PSI. ATR 54.5 BPM. ISDP 356 PSI.

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____
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Calculated 24 hour rate:	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____
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Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____
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Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____
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Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
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Reason for Non-Production: _____

Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
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Bridge Plug Depth: _____	Sacks cement on top: _____
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Comment:

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

Signed: _____ Print Name: DAVID M BLANDFORD

Title: CO-MANAGER

Date: 1/3/2012

Email : ANDELEENERGY@GMAIL.COM

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	On hold to discuss production reporting with opr.	3/28/2012 3:17:51 PM

Total: 1 comment(s)