

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:

2287110

Date Received:

01/23/2012

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 M. BLANDFORD

2. Name of Operator: MATRIX ENERGY LLC

Phone: (970) 247-1959

3. Address: 1241 THOROUGHbred ROAD

Fax: (970) 247-2359

City: DURANGO State: CO Zip: 81303

5. API Number 05-123-33854-00

6. County: WELD

7. Well Name: VARRA

Well Number: 13-10-14

8. Location: QtrQtr: SENE Section: 9 Township: 5N

Range: 65W Meridian: 6

9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL

Status: PRODUCING

Treatment Date: 10/25/2011

Date of First Production this formation: 01/01/2012

Perforations Top: 7223 Bottom: 7233 No. Holes: 40 Hole size: 41/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

FRAC'D CODELL WITH 2705 BBLS SILVERSTIM GEL AND 250,220# 20/40 SAND. ATP 3914 PSI. ATR 32.5 BPM. ISDP 3655 PSI.

This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**

Date: 01/14/2012 Hours: 24 Bbls oil: 78 Mcf Gas: 366 Bbls H2O: _____

Calculated 24 hour rate: Bbls oil: 78 Mcf Gas: 366 Bbls H2O: _____ GOR: 4692

Test Method: FLOWING Casing PSI: 500 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1337 API Gravity Oil: 52

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 10/25/2011

Date of First Production this formation: 01/01/2012

Perforations Top: 6944 Bottom: 7087 No. Holes: 80 Hole size: 38/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

FRAC'D NIOBRARA WITH 3223 BBLS SILVERSTIM GEL AND SLICKWATER AND 257,280# 30/50 SAND. ATP 4460 PSI. ATR 37.4 BPM. ISDP 3736 PSI.

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:

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

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

FORM 5 DOC# 2287107

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

Attachment Check List

Att Doc Num	Name
2287110	FORM 5A SUBMITTED
2287111	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Rec'd & entered API Gravity and BTU's as per opr.	4/12/2012 12:50:38 PM
Permit	On hold for Formation information clarification.	4/4/2012 11:15:22 AM
Data Entry	CODELL FORMATION: BTU GAS IS REQUIRED ENTRY IF MCF GAS IS ENTERED; API GRAVITY OIL IS REQUIRED IF BBLS OIL IS ENTERED.	2/22/2012 3:22:40 PM

Total: 3 comment(s)