

**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: <u>54380</u>	4. Contact Name: <u>DAVID M. BLANDFORD</u>
2. Name of Operator: <u>MATRIX ENERGY LLC</u>	Phone: <u>(970) 247-1959</u>
3. Address: <u>1241 THOROUGHbred ROAD</u>	Fax: <u>(970) 247-2359</u>
City: <u>DURANGO</u> State: <u>CO</u> Zip: <u>81303</u>	

5. API Number <u>05-123-33854-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>VARRA</u>	Well Number: <u>13-10-14</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>9</u> Township: <u>5N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

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

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date
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)