

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:

2287073

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 05-123-33853-00

6. County: WELD

7. Well Name: VARRA

Well Number: 43-9-12

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

Range: 65W Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

### Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 10/25/2011 Date of First Production this formation: 01/01/2012  
Perforations Top: 7143 Bottom: 7153 No. Holes: 40 Hole size: 41/100

Provide a brief summary of the formation treatment: Open Hole: ☐

FRAC'D CODELL WITH 2328 BBLS SILVERSTIM GEL AND 167,000# 20/40 SAND. ATP 3757 PSI. ATR 32.3 BPM. ISDP 3990 PSI.

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

#### Test Information:

Date: 01/05/2012 Hours: 24 Bbls oil: 65 Mcf Gas: 333 Bbls H2O: \_\_\_\_\_  
Calculated 24 hour rate: Bbls oil: 65 Mcf Gas: 333 Bbls H2O: \_\_\_\_\_ GOR: 5123  
Test Method: FLOWING Casing PSI: 250 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: 10/26/2011 Date of First Production this formation: 01/01/2012  
Perforations Top: 6834 Bottom: 6976 No. Holes: 80 Hole size: 38/100

Provide a brief summary of the formation treatment: Open Hole: ☐

FRAC'D NIOBRARA WITH 3377 BBLS SILVERSTIM GEL AND SLICKWATER AND 250,000# 30/50 SAND. ATP 4371 PSI. ATR 48.3 BPM. ISDP 3489 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# 2287075

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: 1/18/2012

Email : ANDELEENERGY@GMAIL.COM

**Attachment Check List**

Att Doc Num	Name
2287073	FORM 5A SUBMITTED
2287074	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	BTU & API added as per opr.	4/12/2012 1:02:57 PM
Data Entry	CODELL FORMATION: BTU GAS IS A REQUIRED FIELD IF MCF GAS IS ENTERED; ALSO, API GRAVITY IS REQUIRED FIELD IF BBLs OIL IS ENTERED.	2/7/2012 10:20:40 AM

Total: 2 comment(s)