

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:
400264193

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: 22400 4. Contact Name: Jeff Reale
 2. Name of Operator: DJ PRODUCTION SERVICES INC Phone: (303) 947-1387
 3. Address: 1273 FALCON COURT Fax: (970) 667-0046
 City: WINDSOR State: CO Zip: 80550

5. API Number 05-123-30721-00 6. County: WELD
 7. Well Name: NELSON Well Number: 5-31
 8. Location: QtrQtr: NWNE Section: 5 Township: 4N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING
 Treatment Date: 11/08/2011 Date of First Production this formation: 11/11/2011
 Perforations Top: 6970 Bottom: 6994 No. Holes: 96 Hole size: 0.32
 Provide a brief summary of the formation treatment: Open Hole:
Frac Codell w/ 4117 bbls slickwater & 115,000 30/50 sand, spearhead 500 bbls 7% kcl ahead of frac.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 11/12/2011 Hours: 24 Bbls oil: 67 Mcf Gas: 347 Bbls H2O: 68
 Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
 Test Method: Flowing Casing PSI: 375 Tubing PSI: _____ Choke Size: 12/16
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1260 API Gravity Oil: 48
 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-CODELL Status: COMMINGLED

Treatment Date: _____ Date of First Production this formation: 03/04/2012

Perforations Top: 6648 Bottom: 6994 No. Holes: 360 Hole size: 0.32

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

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: 24 Bbls oil: 52 Mcf Gas: 77 Bbls H2O: 26

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

Test Method: Plunger lift Casing PSI: 1200 Tubing PSI: 350 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1240 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6956 Tbg setting date: 03/03/2012 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: 01/02/2012 Date of First Production this formation: 01/03/2012

Perforations Top: 6648 Bottom: 6760 No. Holes: 264 Hole size: 0.32

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

Frac Niobrara w/ 5984 bbls slickwater \$ 200,250#s 40/70 resin coated sand, spearhead 12 bbls 15% hcl acid & 500 bbls kcl water ahead of frac.

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/08/2012 Hours: 24 Bbls oil: 102 Mcf Gas: 147 Bbls H2O: 70

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

Test Method: Flowing Casing PSI: 350 Tubing PSI: _____ Choke Size: 14/16

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1240 API Gravity Oil: 47

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: _____

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

Signed: _____ Print Name: Jeff Reale

Title: Agent Date: _____ Email: lam53@msn.com

Attachment Check List

Att Doc Num	Name
400275405	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)