

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400264205

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 05-123-34486-00 6. County: WELD
 7. Well Name: Nelson Well Number: 5-11
 8. Location: QtrQtr: NWNW Section: 5 Township: 4N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 11/27/2011 Date of First Production this formation: 12/29/2011

Perforations Top: 7023 Bottom: 7046 No. Holes: 92 Hole size: 0.38

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

Frac Codell w/ 4119 bbls slickwater, 115,500# of 30/50 sand, spearhead 500 bbls 7% kcl ahead of frac

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/30/2011 Hours: 24 Bbls oil: 118 Mcf Gas: 102 Bbls H2O: 34

Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 1283

Test Method: Flowing Casing PSI: 300 Tubing PSI: 1075 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1327 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7013 Tbg setting date: 12/28/2011 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: 03/17/2012 Date of First Production this formation: _____

Perforations Top: 6732 Bottom: 7046 No. Holes: 300 Hole size: 0.38

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

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/19/2012 Hours: 24 Bbls oil: 35 Mcf Gas: 135 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 259

Test Method: Flowing Casing PSI: 1100 Tubing PSI: 1350 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1342 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7013 Tbg setting date: 12/28/2011 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: 01/27/2012 Date of First Production this formation: 01/28/2012

Perforations Top: 6732 Bottom: 6914 No. Holes: 208 Hole size: 0.38

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

Frac Niobrara w/ 5985 bbls slickwater, 200,250# of 40/70 sand, spearhead 500bbls 7% kcl ahead of frac

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/28/2012 Hours: 24 Bbls oil: 64 Mcf Gas: 125 Bbls H2O: 38

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 512

Test Method: Flowing Casing PSI: 650 Tubing PSI: 700 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1342 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7013 Tbg setting date: 12/28/2011 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
400286042	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)