

FORM
5A

Rev
06/12

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:
400301691

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: 55575
2. Name of Operator: MCELVAIN ENERGY INC
3. Address: 1050 17TH ST STE 2500
City: DENVER State: CO Zip: 80265-
4. Contact Name: Deb Powell
Phone: (303) 893-0933
Fax: (303) 893-0914

5. API Number 05-067-09885-00
6. County: LA PLATA
7. Well Name: BULLSEYE Well Number: 11
8. Location: QtrQtr: NWSW Section: 20 Township: 33N Range: 8W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/25/2012 End Date: 06/08/2012 Date of First Production this formation: 06/25/2012

Perforations Top: 3723 Bottom: 3990 No. Holes: 207 Hole size: 0

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

3983-3990 & 3938-3945 500 gal 15% HCL 749.3 Bbls Lighting 20,w/6634#,20/40 mesh, 26,905# 16/30 mesh & 42,188# SLC
3872-3866 & 3860-3852 504 gal 15%HCL 1145.6 bbls lighting 20,w/10638#,20/40 mesh, 30,680# 16/30 mesh & 31500# SLC
3802-2825 & 3792-3799 1500 gal 15% HCL 1960 Bbls Lighting 20, w/73711# 20/40 mesh, 73929# 16/30 mesh & 11504# 16/30 SLC
3731-3737 & 3723-3728 500 15% HCL, 11498 20/40 mesh, 22381# 16/30 & 6937# 16/30 SLC.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 4679 Max pressure during treatment (psi): 3475

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: _____ Max frac gradient (psi/ft): 0.70

Total acid used in treatment (bbl): 60 Number of staged intervals: 4

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 4575

Fresh water used in treatment (bbl): 4679 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 348505 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: PRESSURE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/09/2012 Hours: 4 Bbl oil: _____ Mcf Gas: 137 Bbl H2O: 108

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: 822 Bbl H2O: 648 GOR: _____

Test Method: Flowing Casing PSI: 900 Tubing PSI: 94 Choke Size: _____

Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1 API Gravity Oil: _____

Tubing Size: 2 + 7/8 Tubing Setting Depth: 3966 Tbg setting date: 06/20/2012 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: _____ ** Wireline and Cement Job Summary must be attached.

Comment: _____

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

Signed: _____ Print Name: Deborah Powell

Title: Eng Tech Manager Date: _____ Email DebbyP@McElvain.com

Attachment Check List

Att Doc Num	Name
400306127	WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)