

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: 10254 2. Name of Operator: RED MESA HOLDINGS/O&G LLC 3. Address: 5619 DTC PARKWAY - STE 800 City: GREENWOOD State: CO Zip: 80111 4. Contact Name: RICH LARSON Phone: (970) 588-3302 Fax: (970) 588-3562

5. API Number 05-067-09783-00 6. County: LA PLATA 7. Well Name: MACY Well Number: 2 8. Location: QtrQtr: NWSE Section: 14 Township: 33N Range: 12W Meridian: N 9. Field Name: RED MESA Field Code: 72890

Completed Interval

FORMATION: DAKOTA Status: WAITING ON COMPLETION Treatment Type: Treatment Date: End Date: Date of First Production this formation: Perforations Top: 3413 Bottom: 3419 No. Holes: 24 Hole size: 3/8

Provide a brief summary of the formation treatment: Open Hole: 11/7/19 - PUMPED 22 BBLS 2% KCL - PSI TO 2350', BLEED OFF TO 100# IN 15 MINUTES. NO PSI BUILD UP INDICATED.

This formation is commingled with another formation: Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Min frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/07/2009 Hours: 24 Bbl oil: Mcf Gas: Bbl H2O: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: Test Method: SWAB Casing PSI: 0 Tubing PSI: 0 Choke Size: 0 Gas Disposition: Gas Type: Btu Gas: API Gravity Oil: Tubing Size: 2 + 7/8 Tubing Setting Depth: 3400 Tbg setting date: 11/06/2009 Packer Depth: 3405

Reason for Non-Production: NO IN FLOW OF PRODUCTION FLUIDS. WAITING FOR STIMULATION.

Date formation Abandoned: Squeeze: Yes No If yes, number of sacks cmt ** Bridge Plug Depth: 2590 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: GALLUP Status: TEMPORARILY ABANDONED Treatment Type: _____

Treatment Date: 11/10/2009 End Date: _____ Date of First Production this formation: _____

Perforations Top: 2720 Bottom: 2753 No. Holes: 112 Hole size: 3/8

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

11/10 PUMPED 4 BBLs 2% KCL - 500 GALS 7.5% HCL W/INHIBITORS - 17 BBLs 2% KCL FLUSH. WELL WENT ON STRONG VAC AND LEFT SHUT IN OVER NIGHT. SWAB TEST RECOVERED 24 BBLs TOTAL. NO OIL AND GAS PRESSURE. 11/18 RAN CHEMFRAC AND PUMPED 55 BBLs AND RECOVERED 30 BBLs.

This formation is commingled with another formation: Yes No

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

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

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

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

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

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

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

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/18/2009 Hours: 24 Bbl oil: _____ Mcf Gas: _____ Bbl H2O: 30

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: 30 GOR: _____

Test Method: SWAB Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: 2 + 7/8 Tubing Setting Depth: 2676 Tbg setting date: 11/06/2009 Packer Depth: 2680

Reason for Non-Production: NO IN FLOW OF PRODUCTION FLUIDS. WAITING FOR STIMULATION.

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 2590 ** 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: RICHARD LARSON
Title: AUTHORIZED PERSON Date: 3/8/2012 Email: RLARSON@REDMESA1.COM

Attachment Check List

Att Doc Num	Name
2288038	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Data Entry	CHECK YEAR OF DATE OF SUMMARY OF FORMATION TREATMENT.	4/26/2012 3:59:24 PM

Total: 1 comment(s)