

State of Colorado
Oil and Gas Conservation Commission
DEPARTMENT OF NATURAL RESOURCES

FOR OGCC USE ONLY
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COGCC



COMPLETED INTERVAL REPORT

This form is to be submitted or updated each time a new formation is completed or abandoned. This form shall be transmitted within (30) days of work. Additional information is found under Rule 308. Complete a section for each formation completed or recompleted including all attempted completions. Attach as many pages as required to fully describe the work.

ET OE PR ES

Complete the
Attachment Checklist

OGCC Operator Number: 67305	4. Contact Name & Phone James Annable	Oper	OGCC
Name of Operator: Palina Oil & Gas Corporation	Wellbore Diagram	<input checked="" type="checkbox"/>	
Address: 1625 Broadway, Suite 2000	No: 303-389-3610	Site Facility Diagram	
City: Denver State: CO Zip: 80202	Fax: 303-389-3688		
API Number: 05-123-16221	County: Weld		
Well Name: Warren E Number: 35-12			
Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSW Section 35-T6N-R65W			

FORMATION: CODL (Refrac) Producing Abandoned Shut-In Commingled **OGCC**

Perforations Gross Interval: <i>Top</i> 6964	<i>Bottom</i> 6978'	No. Holes: 96	Size: .22	Open Hole Completion
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Formation Treatment *Describe:*
Reperf Codell 6964'-6978' (56 holes)
Refrac Codell w/130,200 gal Vistar 26/27/28# Gel & 245,780# 20/40 Sand, 1/19/04.

Test Information <i>Cdl</i>	Date: 1/30/04	Hours: 24	Bbls Oil: 25	MCF Gas: 145	Bbls H ₂ O: 17
Production Test Method: Flowing	Casing Pressure: 150	Flowing Tubing Pressure:	Choke Size 24/64		
API Gravity Oil: 57.2	Oil Condensate <input checked="" type="checkbox"/>	BTU Gas: 1262	<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry	<input type="checkbox"/> CO ₂ <input type="checkbox"/> Coal Gas	Helium Other: _____
Calculated 24 Hr Rate	Bbls Oil: 25	MCF Gas: 145	Bbls H ₂ O: 17	GOR 5800	

Production Method:
Flowing

Tubing Size:
NA

Setting Depth:

Packer Depth:

Non-producing Completion Status: Abd SI Reason Shut in:

Abandonment of Zone Date: Squeezed: Sacks Cement:

Bridge Plug Depth: Sacks Cement on Top:

FORMATION: Producing Abandoned Shut-In Commingled **OGCC**

Perforations Gross Interval: <i>Top</i>	<i>Bottom</i>	No. Holes:	Size:	Open Hole Completion
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Formation Treatment *Describe:*

Test Information	Date:	Hours:	Bbls Oil:	MCF Gas:	Bbls H ₂ O:
Production Test Method:	Casing Pressure:	Flowing Tubing Pressure:	Choke Size		
API Gravity Oil:	Oil Condensate <input type="checkbox"/>	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> Dry	<input type="checkbox"/> CO ₂ <input type="checkbox"/> Coal Gas	Helium Other: _____
Calculated 24 Hr Rate	Bbls Oil:	MCF Gas:	Bbls H ₂ O:	GOR	

Production Method:

Tubing Size: Setting Depth: Packer Depth:

Non-producing Completion Status: Abd SI Reason Shut in:

Abandonment of Zone Date: Squeezed: Sacks Cement:

Bridge Plug Depth: Sacks Cement on Top:

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

Print Name: James Annable
Signed: Title: Regulatory Engineer Date: 02/11/04