

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



FOR OGCC USE ONLY

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OGCC

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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.

Complete the  
Attachment Checklist

OGCC Operator Number: 67305	4. Contact Name & Phone	Oper	OGCC
Name of Operator: Palina Oil & Gas Corporation	James Annable	Wellbore Diagram	X
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: Top 6964 Bottom 6978'	No. Holes: 96	Size: .22	Open Hole Completion
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 Cdl	Date: 1/30/04	Hours: 24	Bbls Oil: 25 MCF Gas: 145 Bbls H <sub>2</sub> O: 17
Production Test Method: Flowing	Casing Pressure: 150	Flowing Tubing Pressure: 24/64	Choke Size
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 <sub>2</sub> <input type="checkbox"/> Coal Gas <input type="checkbox"/> Helium <input type="checkbox"/> Other: _____	Gas Disposition: Sold
Calculated 24 Hr Rate	Bbls Oil: 25	MCF Gas: 145	Bbls H <sub>2</sub> O: 17 GOR: 5800
Production Method: Flowing			
Tubing Size: NA	Setting Depth:	Packer Depth:	
Non-producing Completion Status: <input type="checkbox"/> Abd <input type="checkbox"/> 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: Top Bottom	No. Holes:	Size:	Open Hole Completion
Formation Treatment Describe:			
Test Information	Date:	Hours:	Bbls Oil: MCF Gas: Bbls H <sub>2</sub> O:
Production Test Method:	Casing Pressure:	Flowing Tubing Pressure:	Choke Size
API Gravity Oil:	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> CO <sub>2</sub> <input type="checkbox"/> Coal Gas <input type="checkbox"/> Helium <input type="checkbox"/> Other: _____	Gas Disposition:
Calculated 24 Hr Rate	Bbls Oil:	MCF Gas:	Bbls H <sub>2</sub> O: GOR:
Production Method:			
Tubing Size:	Setting Depth:	Packer Depth:	
Non-producing Completion Status: <input type="checkbox"/> Abd <input type="checkbox"/> 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