

State of Colorado  
Oil and Gas Conservation Commission

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



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.

Complete the  
Attachment Checklist

	Oper	OGCC
Wellbore Diagram		
Site Facility Diagram		

1. OGCC Operator Number: 52640	4. Contact Name and Telephone David Norby
2. Name of Operator: Mallard Operating Company, LLC	No: 303-237-7155
3. Address: 1675 Carr Street, Suite 50-N	Fax: 303-237-7197
City: Lakewood State: CO Zip: 80215	
5. API Number: 05-009-06604-00	6. County: Baca
7. Well Name: Farm Credit	Well Number: #31-2
8. Location (QtrQtr, Sec, Twp, Rng, Meridian NW/NE Sec. 31-T33S-R43W, 6th PM)	

List in order of completion:

FORMATION: Red Cave	<input checked="" type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top 1622'	Bottom 1626'	No. Holes: 16	Size: .47	Open Hole Completion (check if yes) <input type="checkbox"/>

Formation Treatment Describe:  
Perforate well with 250 gallons 10% Acetic acid spotted across perforated interval

Test Information Date: 5/11/00	Hours: 5	Bbls Oil: 0	MCF Gas: 50	Bbls H <sub>2</sub> O: 0
Production Test Method: Flow test	Casing Pressure: 160	Flowing Tubing Pressure: 118	Choke Size: 12/64"	
API Gravity Oil: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate	BTU Gas: 423	<input type="checkbox"/> Wet <input checked="" 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: 0	MCF Gas: 240	Bbls H <sub>2</sub> O: 0	GOR:
Production Method: Flowing gas well				
Tubing Size: 2-3/8"	Setting Depth: 1619'	Packer Depth: N/A		
Reason for Non-Production:				
Abandonment of Zone	Date:	Squeezed: <input type="checkbox"/> Y <input type="checkbox"/> N	Sacks Cement:	
Bridge Plug Depth:	Sacks Cement on Top:			

FORMATION:	<input type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top	Bottom	No. Holes:	Size:	Open Hole Completion (check if yes) <input type="checkbox"/>

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: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate	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:		
Reason for Non-Production:				
Abandonment of Zone	Date:	Squeezed: <input type="checkbox"/> Y <input type="checkbox"/> N	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: David A. Norby

Signed: [Signature] Title: Manager Date: 05/12/00