

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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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

2. Name of Operator: Mallard Operating Company, LLC

3. Address: 1675 Carr Street, Suite 50-N
City: Lakewood State: CO Zip: 80215

4. Contact Name and Telephone
David Norby
No: 303-237-7155
Fax: 303-237-7197

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 Producing Abandoned Shut-In Commingled

Perforations Gross Interval: Top 1622' Bottom 1626' No. Holes: 16 Size: .47 Open Hole Completion (check if yes)

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 H₂O: 0

Production Test Method: Flow test Casing Pressure: 160 Flowing Tubing Pressure: 118 Choke Size: 12/64"

API Gravity Oil: Oil Condensate BTU Gas: 423 Wet CO₂ Helium Other: Gas Disposition:

Calculated 24 Hr. Rate Bbls Oil: 0 MCF Gas: 240 Bbls H₂O: 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: Y N Sacks Cement:

Bridge Plug Depth: Sacks Cement on Top:

FORMATION: Producing Abandoned Shut-In Commingled

Perforations Gross Interval: Top Bottom No. Holes: Size: Open Hole Completion (check if yes)

Formation Treatment Describe:

Test Information Date: Hours: Bbls Oil: MCF Gas: Bbls H₂O:

Production Test Method: Casing Pressure: Flowing Tubing Pressure: Choke Size:

API Gravity Oil: Oil Condensate BTU Gas: Wet CO₂ Helium Other: Gas Disposition:

Calculated 24 Hr. Rate Bbls Oil: MCF Gas: Bbls H₂O: GOR:

Production Method:

Tubing Size: Setting Depth: Packer Depth:

Reason for Non-Production:

Abandonment of Zone Date: Squeezed: Y 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