

State of Colorado
Oil and Gas Conservation



STATE OF
COLORADO
OIL &
GAS
COMMISSION

FOR OGCC USE ONLY

RECEIVED

DEC 28 01

COGCC



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

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 thirty 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.

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Complete the
Attachment Checklist

1. OGCC Operator Number: 76100	Contact Name & Phone
2. Name of Operator: SAMEDAN OIL CORPORATION	Judy Throneberry
3. Address: 12600 NORTHBOROUGH, SUITE 250	No: (281) 876-6150
City: HOUSTON State: TEXAS Zip: 77067	Fax: (281) 872-2503
5. API NUMBER: 05-125-08393	6. County: YUMA
7. Well Name: STALLINGS	Well Number: 12-7
8. Location (Qtr, Sec, Twp, Rng, Meridian): SWNW, SEC.7, T1N, R46W, 6TH MERIDIAN	

	Oper	OGCC
Wellbore Diagram		
Site Facility Diagram		

List in order of completion:

FORMATION: NIOBRARA	<input checked="" type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top 2624	Bottom 2638	No. Holes: 56	Size: 0.32	Open Hole Completion (check if yes) <input type="checkbox"/>

Formation Treatment Describe:

500 Gals 7.5% HCL Acid, 36,750 gals 40\$ CO2 foamed gel pad carrying 16,680# 20/40 Brady Sand, 77,020# 12/20 CS Sand

Test Information Date: 11/12/2001	Hours: 24	Bbls Oil: 0	MCF Gas: 276	Bbls H2O: 0
Production Test Method: Flowing	Casing Pressure: 30-producing up csg	Flowing Tubing Pressure: NA	Choke Size 1/2"	
API Gravity Oil: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> CO2 <input type="checkbox"/> Helium <input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other	Gas Disposition: Sales	
Calculated 24 Hr Rate	Bbls Oil: 0	MCF Gas: 276	Bbls H2O: 0	GOR:

Production Method:

Flowing

Tubing Size: NA	Setting Depth:	Packer Depth:
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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 H2O:
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"/> CO2 <input type="checkbox"/> Helium <input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other	Gas Disposition:	
Calculated 24 Hr Rate	Bbls Oil:	MCF Gas:	Bbls H2O:	GOR:

Production Method:

Tubing Size:	Setting Depth:	Packer Depth:
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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 JUDY THRONEBERRY

Signed

Judy Throneberry

Title: REGULATORY SUPERVISOR

Date: 12/7/2001