

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

RECEIVED



01200011

**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: <u>56565</u>		4. Contact Name and Telephone <u>Lynne Moon</u>	
2. Name of Operator: <u>Merit Energy Company</u>		No: <u>972-628-1569</u>	
3. Address: <u>13727 Noel Rd. Suite 500</u>		Fax: <u>972-960-1252</u>	
City: <u>Dallas</u>	State: <u>TX</u>	Zip: <u>75240</u>	
5. API Number: <u>05-123-21412</u>		6. County: <u>Weld</u>	
7. Well Name: <u>Sakata</u>		Well Number: <u>22-36</u>	
8. Location (QtrQtr, Sec, Twp, Rng, Meridian) <u>SE NW Sec. 36-T1N-R67W</u>			

List in order of completion:

<b>FORMATION: DKTA</b>	<input type="checkbox"/> Producing	<input checked="" type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top <u>8260'</u>	Bottom <u>8270'</u>	No. Holes: <u>30</u>	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"/> CO <sub>2</sub> <input type="checkbox"/> Helium	Gas Disposition:
		<input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other:	

Calculated 24 Hr. Rate	Bbls Oil: <u>#DIV/0!</u>	MCF Gas: <u>#DIV/0!</u>	Bbls H <sub>2</sub> O: <u>#DIV/0!</u>	GOR: <u>#DIV/0!</u>
------------------------	--------------------------	-------------------------	---------------------------------------	---------------------

Production Method:

Tubing Size:	Setting Depth:	Packer Depth:
--------------	----------------	---------------

Reason for Non-Production:

Abandonment of Zone Date: <u>05/20/03</u>	Squeezed: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Sacks Cement:
---	--	---------------

Bridge Plug Depth: <u>8230'</u>	Sacks Cement on Top: <u>2 sxs.</u>
---------------------------------	------------------------------------

<b>FORMATION: JSND</b>	<input checked="" type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top <u>8088'</u>	Bottom <u>8124'</u>	No. Holes: <u>84</u>	Size:	Open Hole Completion (check if yes) <input type="checkbox"/>

Formation Treatment Describe:  
Frac w/153,994 gals frac fluid + 442,260# 20/40 sand.

Test Information Date: <u>06/06/03</u>	Hours: <u>24</u>	Bbls Oil: <u>38</u>	MCF Gas: <u>303</u>	Bbls H <sub>2</sub> O: <u>19</u>
--	------------------	---------------------	---------------------	----------------------------------

Production Test Method: <u>Flwg</u>	Casing Pressure: <u>840</u>	Flowing Tubing Pressure: <u>290</u>	Choke Size: <u>16/64"</u>
-------------------------------------	-----------------------------	-------------------------------------	---------------------------

API Gravity Oil: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> CO <sub>2</sub> <input type="checkbox"/> Helium	Gas Disposition: <u>Sold</u>
		<input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other:	

Calculated 24 Hr. Rate	Bbls Oil: <u>38</u>	MCF Gas: <u>303</u>	Bbls H <sub>2</sub> O: <u>19</u>	GOR: <u>8 7974</u>
------------------------	---------------------	---------------------	----------------------------------	--------------------

Production Method: Flwg

Tubing Size: <u>2-3/8"</u>	Setting Depth: <u>8044'</u>	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: Lynne Moon

Signed: Lynne Moon Title: Sr. Regulatory Analyst Date: 07/23/03