

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

List in order of completion:

FORMATION: DKTA	<input type="checkbox"/> Producing <input checked="" type="checkbox"/> Abandoned <input type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top 8260'	Bottom 8270'	No. Holes: 30
Size:		Open Hole Completion (check if yes) <input type="checkbox"/>

Formation Treatment Describe:

Test Information Date:	Hours:	Bbls Oil:	MCF Gas:	Bbls H ₂ 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 ₂ <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: #DIV/0!	MCF Gas: #DIV/0!	Bbls H ₂ O: #DIV/0!	GOR: #DIV/0!

Production Method:		
Tubing Size:	Setting Depth:	Packer Depth:
Reason for Non-Production:		
Abandonment of Zone Date: 05/20/03	Squeezed: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Sacks Cement:
Bridge Plug Depth: 8230'	Sacks Cement on Top: 2 sxs.	

FORMATION: JSND	<input checked="" type="checkbox"/> Producing <input type="checkbox"/> Abandoned <input type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top 8088'	Bottom 8124'	No. Holes: 84
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: 06/06/03	Hours: 24	Bbls Oil: 38	MCF Gas: 303	Bbls H ₂ O: 19
Production Test Method: Flwg	Casing Pressure: 840	Flowing Tubing Pressure: 290	Choke Size: 16/64"	
API Gravity Oil: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> CO ₂ <input type="checkbox"/> Helium <input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other:	Gas Disposition: Sold	
Calculated 24 Hr. Rate	Bbls Oil: 38	MCF Gas: 303	Bbls H ₂ O: 19	GOR: 8 7974

Production Method: Flwg		
Tubing Size: 2-3/8"	Setting Depth: 8044'	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