

State of Colorado
Oil and Gas Conservation Commission

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



JAN 31 2005

COGCC

Complete the
Attachment Checklist

Oper OGCC

Wellbore diagram	
Site facility diagram	

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. Fill out a section for each formation completed or recompleted including all attempted completions. Attach as many pages as required to fully describe the work.

1. OGCC Operator Number: <u>76175</u>	4. Contact Name and Telephone <u>GARY SANDLIN</u>
2. Name of Operator: <u>SANDLIN OIL CORPORATION</u>	No: <u>303-292-3313</u>
3. Address: <u>621 17th Street #2055</u>	Fax: <u>303-292-3969</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80293</u>	
5. API Number: <u>05-123-06024-01</u>	6. County: <u>Baca</u>
7. Well Name: <u>Mayberry</u>	Well Number: <u>1-X</u>
8. Location (Qtr, Sec, Twp, Rng, Meridian): <u>NE NW 10-34S-41W</u>	

List in order of completion:

FORMATION: <u>Morrowan</u>		<input checked="" type="checkbox"/> Producing	<input checked="" type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top <u>4414</u>	Bottom: <u>16</u>	No. Holes: <u>8</u>	Size: <u>.42</u>	Open Hole Completion (check if yes) <input type="checkbox"/>	

Formation Treatment Describe:

Test Information	Date: <u>7/1/04</u>	Hours: <u>24</u>	Bbls Oil: <u>-</u>	MCF Gas: <u>-</u>	Bbls H ₂ O: <u>-</u>
Production Test Method: <u>Swab</u>	Casing Pressure: <u>-</u>	Flowing Tubing Pressure: <u>-</u>	Choke Size: <u>-</u>		
API Gravity Oil: <u>-</u>	<input type="checkbox"/> Oil <input type="checkbox"/> Condensate	BTU Gas: <u>-</u>	<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: <u>-</u>	MCF Gas: <u>-</u>	Bbls H ₂ O: <u>-</u>	GOR: <u>-</u>	

Production Method:

Tubing Size:	Setting Depth:	Packer Depth:
Reason for Non-Production:		
Abandonment of Zone	Date: <u>7/16/04</u>	Squeezed: <input type="checkbox"/> Y <input type="checkbox"/> N
Bridge Plug Depth: <u>4350</u>	Sacks Cement on Top: <u>2</u>	

FORMATION: <u>Summit</u>		<input type="checkbox"/> Producing	<input checked="" type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top <u>1786</u>	Bottom: <u>1836</u>	No. Holes: <u>38</u>	Size: <u>.42</u>	Open Hole Completion (check if yes) <input type="checkbox"/>	

Formation Treatment Describe:

Test Information	Date: <u>7/1/04</u>	Hours: <u>-</u>	Bbls Oil: <u>-</u>	MCF Gas: <u>-</u>	Bbls H ₂ O: <u>50</u>
Production Test Method: <u>Swab</u>	Casing Pressure: <u>-</u>	Flowing Tubing Pressure: <u>-</u>	Choke Size: <u>-</u>		
API Gravity Oil: <u>-</u>	<input type="checkbox"/> Oil <input type="checkbox"/> Condensate	BTU Gas: <u>-</u>	<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: <u>-</u>	MCF Gas: <u>-</u>	Bbls H ₂ O: <u>-</u>	GOR: <u>-</u>	

Production Method:

Tubing Size:	Setting Depth:	Packer Depth:
Reason for Non-Production:		
Abandonment of Zone	Date: <u>7/14/04</u>	Squeezed: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Bridge Plug Depth:	Sacks Cement on Top: <u>300</u>	

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: SANDLIN OIL CORPORATION

Signed: GARY SANDLIN

Title: PRESIDENT

Date: 1-27-04

Morrowan
Kansas City
Kansas City