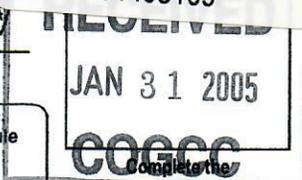




LP

**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.



Attachment Checklist

1. OGCC Operator Number: <u>76175</u>	4. Contact Name and Telephone <u>GARY SANDLIN</u>	Oper OGCC Wellbore diagram Site facility diagram
2. Name of Operator: <u>SANDLIN OIL CORPORATION</u>	No: <u>303-292-3313</u> Fax: <u>303-292-3969</u>	
3. Address: <u>621 17th Street #2055</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 (QtrQtr, Sec, Twp, Rng, Meridian): <u>NE NW 10-34S-41W</u>	

List in order of completion:

Morrow

FORMATION: <del>PERKINS</del> <input type="checkbox"/> Producing <input checked="" type="checkbox"/> Abandoned <input type="checkbox"/> Shut-In <input type="checkbox"/> Commingled
Perforations Gross Interval: Top <u>4035</u> Bottom: <u>4040</u> No. Holes: <u>10</u> Size: <u>.42</u> Open Hole Completion (check if yes) <input type="checkbox"/>
Formation Treatment Describe:

Test Information Date:	Hours:	Bbls Oil:	MCF Gas: <u>117</u>	Bbls H <sub>2</sub> O: <u>26</u>
Production Test Method: <u>Flowing</u>	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 <input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other:	Gas Disposition:	
Calculated 24 Hr. Rate	Bbls Oil:	MCF Gas:	Bbls H <sub>2</sub> O:	GOR:
Production Method:				
Tubing Size:	Setting Depth:	Packer Depth:		
Reason for Non-Production: <u>Non-Commercial</u>				
Abandonment of Zone Date: <u>7-27-04</u>	Squeezed: <input type="checkbox"/> Y <input type="checkbox"/> N	Sacks Cement:		
Bridge Plug Depth: <u>3200</u>	Sacks Cement on Top: <u>2 sacks</u>			

Cherokee

FORMATION: <del>PERKINS</del> <input type="checkbox"/> Producing <input type="checkbox"/> Abandoned <input checked="" type="checkbox"/> Shut-In <input type="checkbox"/> Commingled
Perforations Gross Interval: Top <u>2904</u> Bottom: <u>2926</u> No. Holes: <u>36</u> Size: <u>.42</u> Open Hole Completion (check if yes) <input type="checkbox"/>
Formation Treatment Describe:

Test Information Date: <u>7-27-04</u>	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 <input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other:	Gas Disposition:	
Calculated 24 Hr. Rate	Bbls Oil:	MCF Gas:	Bbls H <sub>2</sub> O:	GOR:
Production Method:				
Tubing Size:	Setting Depth:	Packer Depth:		
Reason for Non-Production: <u>SI- Non Commercial</u>				
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: SANDLIN OIL CORPORATION Signed: Gary Sandlin  
 Title: GARY SANDLIN, PRESIDENT Date: 1-27-04