

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

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.

COGCC

Complete the Attachment Checklist
Oper OGCC

1. OGCC Operator Number: <u>76175</u>	4. Contact Name and Telephone <u>GARY SANDLIN</u> No: <u>303-292-3313</u> Fax: <u>303-292-3969</u>	Wellbore diagram	S
2. Name of Operator: <u>GANDLIN OIL CORPORATION</u>		Site facility diagram	
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>	List in order of completion:
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>		

FORMATION: <u>Red Sand</u>	<input type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input checked="" type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top <u>1382</u>	Bottom: <u>1402</u>	No. Holes: <u>28</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: <u>1</u>	Bbls Oil:	MCF Gas:	Bbls H ₂ O:
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Production Test Method:	Casing Pressure:	Flowing Tubing Pressure:	Choke Size:
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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:
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Calculated 24 Hr. Rate	Bbls Oil:	MCF Gas:	Bbls H ₂ O:	GOR:
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Production Method:

Tubing Size:	Setting Depth:	Packer Depth:
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Reason for Non-Production: Non Commercial

Abandonment of Zone Date:	Squeezed: <input type="checkbox"/> Y <input type="checkbox"/> N	Sacks Cement:
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Bridge Plug Depth:	Sacks Cement on Top:
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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 H ₂ O:
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Production Test Method:	Casing Pressure:	Flowing Tubing Pressure:	Choke Size:
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Calculated 24 Hr. Rate	Bbls Oil:	MCF Gas:	Bbls H ₂ O:	GOR:
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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:
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Bridge Plug Depth:	Sacks Cement on Top:
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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: 1-27-2005

Handwritten notes:
Ret Ave
MAYBERRY

Handwritten initials: LP