

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

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SCANNED OGCC

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.

Complete the
Attachment Checklist

1. OGCC Operator Number: 97800		4. Contact Name and Telephone Greg Cox	
2. Name of Operator: Yale Oil Association, Inc.		No: 405-840-1811 ext. 107	
3. Address: 6 NE 63rd Street, Suite 425		Fax: 405-840-4422	
City: Oklahoma City State: OK Zip: 73105			
5. API Number: 050710707700		6. County: Las Animas	
7. Well Name: Roberts		Well Number: 18-10	
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NW SE 18-34S-61W, 6th P.M.			

	Oper	OGCC
Wellbore diagram		
Site Facility Diagram		

List in order of completion:

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

Formation Treatment Describe:

Test Information Date: 12-9-00	Hours: 24	Bbls Oil:	MCF Gas: 12	Bbls H ₂ O:
Production Test Method: swabbing	Casing Pressure:	Flowing Tubing Pressure:	Choke Size: 1/4"	
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:	MCF Gas:	Bbls H ₂ O:	GOR:

Production Method:

Tubing Size:	Setting Depth:	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:	

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:
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:	MCF Gas:	Bbls H ₂ O:	GOR:

Production Method:

Tubing Size:	Setting Depth:	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: Greg Cox

Signed: [Signature] Title: Geologist Date: 6-30-03