Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ **Director of COGCC** Date: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400097594	WELLBORE DIAGRAM	596-29A-18 WBD.pdf

Total Attach: 1 Files