

Comment:

This is a revised Form 5A.

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

Signed: _____ Print Name: Kallasandra M. Moran

Title: Permit Agent Date: _____ Email kmoran@bry-consultant.com

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
400096094	OPERATIONS SUMMARY	04D C10 - 2010 Ops Summary.PDF
400096096	WELLBORE DIAGRAM	OM 04D C10 696 9-15-10.pdf

Total Attach: 2 Files