

FORMATION: SEGO Status: SHUT IN

Treatment Date: 10/24/2008 Date of First Production this formation: 10/25/2008

Perforations Top: 11357 Bottom: 11720 No. Holes: 18 Hole size: 0.34

Provide a brief summary of the formation treatment: _____ Open Hole:

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

A CIBP was set at 10,668' on September 24, 2010.

Date formation Abandoned: 09/24/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 10668 Sacks cement on top: _____

FORMATION: WILLIAMS FK-ROLLINS-CAMEO Status: PRODUCING

Treatment Date: 10/04/2010 Date of First Production this formation: 10/08/2010

Perforations Top: 8799 Bottom: 10575 No. Holes: 183 Hole size: 0.36

Provide a brief summary of the formation treatment: _____ Open Hole:

32,583 bbls. slickwater; 88 bbls. 7.5% HCL; 24 bbls. 15% HCL; 576,788 lbs. of 30/50 Prime Plus RCS

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/10/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1012 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1012 Bbls H2O: 0 GOR: _____

Test Method: Flowing Casing PSI: 1408 Tubing PSI: _____ Choke Size: 25/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1030 API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment: _____

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

Signed: _____

Print Name: Reed Haddock

Title: Regulatory Analyst

Date: _____

Email: rhaddock@basspet.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: _____