

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

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COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10267
2. Name of Operator: VECTA OIL & GAS LTD
3. Address: 5920 CEDAR SPRINGS ROAD - STE 200
City: DALLAS State: TX Zip: 75235
4. Contact Name: Mathew Goolsby
Phone: (303) 618-7736
Fax: (303) 945-2869

5. API Number 05-017-07690-00
6. County: CHEYENNE
7. Well Name: GRAYS
Well Number: 23-27
8. Location: QtrQtr: NESW Section: 27 Township: 13S Range: 47W Meridian: 6
9. Field Name: MOUNT PEARL Field Code: 56770

Completed Interval

FORMATION: MORROW V-7 Status: PRODUCING

Treatment Date: 01/27/2010 Date of First Production this formation: 04/16/2010
Perforations Top: 5313 Bottom: 5330 No. Holes: 52 Hole size: 0.37

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

Perfed 5322-5330 w/ Powerjet, 4 spf. Acidized w/ 1000 gal 15% on 1/27/10, 56 bbl total load. Swabbed back then set RBP 5320. Perfed 5313-5318 w/ Powerjet, 4 spf. Acidized w/ 500 gal 15% on 2/4/10, 42 bbl total load. Swabbed back, then pulled RBP for commingled flow test on 2/8/10 (Cable, Inc.). Flow tested on 3/01/10. Swapped tubing for 2 3/8 J55 string on 4/27/10. Set 2 3/8 at 5315 (EOT), no packer.

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/01/2010 Hours: 8 Bbls oil: 0 Mcf Gas: 97 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 290 Bbls H2O: 0 GOR: _____
Test Method: Flow Casing PSI: _____ Tubing PSI: 22 Choke Size: 32/64
Gas Disposition: FLARED Gas Type: DRY BTU Gas: 1022 API Gravity Oil: _____
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5316 Tbg setting date: 02/09/2010 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: _____

FORMATION: SPERGEN Status: PLUGGED AND ABANDONED

Treatment Date: 01/19/2010 Date of First Production this formation: _____

Perforations Top: 5454 Bottom: 5462 No. Holes: 32 Hole size: 0.52

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

Perfed 5454-5462 w/ 4" expendable, 4 spf. Swabbed 1.0 bwph w/ 2-4% oil cut. Acidized w/ 1000 gal 15% HCl. Broke at 600 psi. Displaced w/ 33 bbl 2% KCl at 3.1 bpm. Total load to recover 57 bbl. Swab well 4 days. Final rate swabbing 14 bph w/ 12% oil cut. Wireline set CIBP over perms at 5400 w/ 2 sks cement. PBTB 5390.

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/25/2010 Hours: 5 Bbls oil: 8 Mcf Gas: 0 Bbls H2O: 68

Calculated 24 hour rate: _____ Bbls oil: 41 Mcf Gas: 0 Bbls H2O: 326 GOR: _____

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

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

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5361 Tbg setting date: 01/19/2010 Packer Depth: 5361

Reason for Non-Production: _____

Low oil cut.

Date formation Abandoned: 01/25/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 5400 Sacks cement on top: 2

Comment: _____

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

Signed: _____ Print Name: Mathew Goolsby

Title: VP-Operations Date: _____ Email matgoolsby@vecta-denver.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
400101131	WELLBORE DIAGRAM	05017076900000_Grays_23-27_Well Schematic_042710.pdf
400101139	OTHER	05017076900000_Grays_23-27_GasAnalysis_Morrow.pdf

Total Attach: 2 Files