

Comment:

** REVISED **

Completed stages 1-3 11/7/2008/ Completed stages 2/19/2010.

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

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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
400098856	OPERATIONS SUMMARY	Latham 29-26D - 2010 Ops Summary.PDF
400098857	WELLBORE DIAGRAM	Latham 29-26D - 2010 WBD.PDF

Total Attach: 2 Files