



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.

Document Number:

2071367

1. OGCC Operator Number: 56565

4. Contact Name: MICHAL K WHITE

2. Name of Operator: MERIT ENERGY COMPANY

Phone: (972) 628-1658

3. Address: 13727 NOEL ROAD STE 500

Fax: (972) 628-1958

City: DALLAS State: TX Zip: 75240

5. API Number 05-123-12354-00

6. County: WELD

7. Well Name: ECKHARDT

Well Number: 34-1

8. Location: QtrQtr: NWSE Section: 34 Township: 5N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 08/21/2010

Date of First Production this formation: 08/25/2010

Perforations	Top:	6502	Bottom:	6790	No. Holes:	176	Hole size:	42/100
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Provide a brief summary of the formation treatment:

Open Hole:

DRILLED OUT CIBP AT 6722'. COMMINGLED NIOBRARA AND CODELL.

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date:	08/29/2010	Hours:	24	Bbls oil:	3	Mcf Gas:	16	Bbls H2O:	3
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Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	Bbls H2O:	GOR: 9000
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Test Method: FLOWING	Casing PSI: 330	Tubing PSI: 280	Choke Size: 28/100
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	1311	API Gravity Oil:	50
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Tubing Size: 2 + 3/8 Tubing Setting Depth: 6746 Tbg setting date: 08/21/2010 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: _____

Comment:

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

Signed: _____ Print Name: MICHAL KARAM WHITE

Title: REGULATORY ANALYST Date: 9/23/2010 Email MICHAL.WHITE@MERITENERGY.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: _____

David G. Neslin
Director of COGCC

Date: 12/22/2010

Attachment Check List

Att Doc Num	Name
2071367	FORM 5A SUBMITTED
2071368	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)