

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



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COMPLETED INTERVAL REPORT

Document Number:

2590539

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: 10326  
2. Name of Operator: ESENJAY OPERATING INC  
3. Address: 500 N. WATER STREET - STE 1100S  
City: CORPUS CHRISTI State: TX Zip: 78471  
4. Contact Name: FABRIANNA VENADUCCI  
Phone: (303) 279-0789  
Fax: (303) 279-1124

5. API Number 05-123-31643-00  
6. County: WELD  
7. Well Name: Jess Well Number: 23-10  
8. Location: QtrQtr: NWSE Section: 23 Township: 7N Range: 59W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: D SAND Status: SHUT IN

Treatment Date: 08/09/2010 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 6608 Bottom: 6612 No. Holes: 16 Hole size: 42/100

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

PUMP 250 GALS OF 7.5% HCL ACID WITH 1 GALLON NE-7, 1.5 GAL MAVHIB - 3, 0.5 GALS S-1, 10 GALS IC-100. FLUSH WITH 55 BBLs 2% KCL WATER WITH BLOCK. TEST YEILDED A TRACE.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 08/06/2010 Hours: 168 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0

Test Method: SWAB Casing PSI: 0 Tubing PSI: 35 Choke Size: \_\_\_\_\_

Gas Disposition: \_\_\_\_\_ Gas Type: DRY BTU Gas: 0 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 6570 Tbg setting date: 08/13/2010 Packer Depth: \_\_\_\_\_

Reason for Non-Production:

UNDER EVALUATION.

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: FABRIANNA VENADUCCI

Title: LANDMAN Date: 10/27/2010 Email FABRIANNA@JAMESKARO.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 S. Neslin Director of COGCC Date: 2/1/2011

**Attachment Check List**

Att Doc Num	Name
2590539	FORM 5A SUBMITTED
2590540	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Data Entry	THERE ARE TWO FORMATIONS OF THE SAME NAME. API GRAVITY OIL MUST BE ENTERED IF BBLS OIL IS ENTERED. BBLS DATA ENTRY OMITTED IN ORDER FOR DOCUMENT TO BE SUBMITTED.	1/31/2011 12:40:07 PM

Total: 1 comment(s)