

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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Document Number:

2590539

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

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: <u>D SAND</u>	Status: <u>SHUT IN</u>
Treatment Date: <u>08/09/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>6608</u> Bottom: <u>6612</u>	No. Holes: <u>16</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>08/06/2010</u> Hours: <u>168</u> Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: _____	
Calculated 24 hour rate: _____ Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u> GOR: <u>0</u>	
Test Method: <u>SWAB</u> Casing PSI: <u>0</u> Tubing PSI: <u>35</u> Choke Size: _____	
Gas Disposition: _____ Gas Type: <u>DRY</u> BTU Gas: <u>0</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>6570</u> Tbg setting date: <u>08/13/2010</u> Packer Depth: _____	
Reason for Non-Production: _____	
<u>UNDER EVALUATION.</u>	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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)