

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

COMPLETED INTERVAL REPORT

Document Number:

1637986

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: 90950 4. Contact Name: LARRY ROBBINS
 2. Name of Operator: UNIOIL Phone: (303) 860-5800
 3. Address: 1775 SHERMAN ST STE 3000 Fax: (303) 860-5838
 City: DENVER State: CO Zip: 80203

5. API Number 05-123-25196-00 6. County: WELD
 7. Well Name: HERGENREDER Well Number: 24-33U
 8. Location: QtrQtr: SESW Section: 33 Township: 5N Range: 63W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: DAKOTA Status: PRODUCING
 Treatment Date: _____ Date of First Production this formation: 02/04/2010
 Perforations Top: 7216 Bottom: 7248 No. Holes: 42 Hole size: 35/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
DAKOTA PERF 7216-7218 (6 HOLES), 7226-7230 (12 HOLES), 7236-7240 (12 HOLES), 7244-7248 (12 HOLES).
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 03/01/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 598 Bbls H2O: 2
 Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 598 Bbls H2O: 2 GOR: 0
 Test Method: FLOWING Casing PSI: 880 Tubing PSI: 523 Choke Size: _____
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1048 API Gravity Oil: _____
 Tubing Size: 2.375 Tubing Setting Depth: 7210 Tbg setting date: 02/02/2010 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: LARRY ROBBINS
 Title: REGULATORY AGENT Date: 4/9/2010 Email LROBBINS@PETD.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: 6/21/2010

Attachment Check List

Att Doc Num	Name
1637986	COMPLETED INTERVAL REPORT

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)