

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
----	----	----	----

Document Number:

1637986

**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: 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: <u>DAKOTA</u>	Status: <u>PRODUCING</u>
Treatment Date: _____	Date of First Production this formation: <u>02/04/2010</u>
Perforations Top: <u>7216</u> Bottom: <u>7248</u>	No. Holes: <u>42</u> Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>DAKOTA PERF 7216-7218 (6 HOLES), 7226-7230 (12 HOLES), 7236-7240 (12 HOLES), 7244-7248 (12 HOLES).</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>03/01/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>598</u> Bbls H2O: <u>2</u>	
Calculated 24 hour rate: _____ Bbls oil: <u>0</u> Mcf Gas: <u>598</u> Bbls H2O: <u>2</u> GOR: <u>0</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>880</u> Tubing PSI: <u>523</u> Choke Size: _____	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1048</u> API Gravity Oil: _____	
Tubing Size: <u>2.375</u> Tubing Setting Depth: <u>7210</u> Tbg setting date: <u>02/02/2010</u> Packer Depth: _____	
Reason for Non-Production: _____	
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: 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 G. 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)