

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:

2556859

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: 55575  
2. Name of Operator: MCELVAIN OIL & GAS PROPERTIES  
3. Address: 1050 17TH ST STE 2500  
City: DENVER State: CO Zip: 80265-20  
4. Contact Name: DEB POWELL  
Phone: (303) 893-0933  
Fax: (303) 893-0914

5. API Number 05-067-09752-00  
6. County: LA PLATA  
7. Well Name: SLUGGER Well Number: 22  
8. Location: QtrQtr: NWSE Section: 18 Township: 33N Range: 8W Meridian: N  
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING  
Treatment Date: 05/27/2010 Date of First Production this formation: 06/10/2010  
Perforations Top: 3340 Bottom: 3507 No. Holes: 111 Hole size: 34/100  
Provide a brief summary of the formation treatment: Open Hole:   
500 GAL 15% HCL FRAC#1 49,721 GAL 17 CP DELTA 140,3500 GAL LINEAR GEL FLUSH, 9,500 # 20/40 SAND & 35,700# 16/30 SAND & 18,700 CRC RESIN COATED SAND. FRAC #2 50,963 GAL 17 CP DELTA 140,3319 GAL LINEAR GEL. 10,600# 20/40 SAND, 42,400# 16/30 SAND 11,300# CRC RESIN SAND. FRAC # 3 27,224 GAL 17 CP DELTA 140,3366 LINEAR GEL, 11,020# 20/40 SAND, 30,100# 16/30 & 6,800 # 16/30 CRC RESIN COATED SAND.  
This formation is commingled with another formation:  Yes  No  
Test Information:  
Date: 06/03/2010 Hours: 9 Bbls oil: 0 Mcf Gas: 186 Bbls H2O: 50  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 496 Bbls H2O: 134 GOR:  
Test Method: FLOWING Casing PSI: 700 Tubing PSI: 280 Choke Size: 3/8  
Gas Disposition: VENTED Gas Type: BTU Gas: 995 API Gravity Oil: 0  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 3172 Tbg setting date: 05/28/2010 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: DEBORAH K. POWELL

Title: ENG TECH SUPERVISOR

Date: 7/8/2010

Email: DEBBYP@MCELVAIN.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: 2/16/2011

### **Attachment Check List**

Att Doc Num	Name
2556859	FORM 5A SUBMITTED
2556860	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>

Total: 0 comment(s)