

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:

2556859

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

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

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| FORMATION: <u>FRUITLAND COAL</u> | Status: <u>PRODUCING</u> |
| Treatment Date: <u>05/27/2010</u> | Date of First Production this formation: <u>06/10/2010</u> |
| Perforations Top: <u>3340</u> Bottom: <u>3507</u> | No. Holes: <u>111</u> Hole size: <u>34/100</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| <p>500 GAL 15% HCL FRAC#1 49,721 GAL 17 CP DELTA 140,3,500 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 140,3,319 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.</p> | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: <u>06/03/2010</u> Hours: <u>9</u> Bbls oil: <u>0</u> Mcf Gas: <u>186</u> Bbls H2O: <u>50</u> | |
| Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>496</u> Bbls H2O: <u>134</u> GOR: <u> </u> | |
| Test Method: <u>FLOWING</u> Casing PSI: <u>700</u> Tubing PSI: <u>280</u> Choke Size: <u>3/8</u> | |
| Gas Disposition: <u>VENTED</u> Gas Type: <u> </u> BTU Gas: <u>995</u> API Gravity Oil: <u>0</u> | |
| Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>3172</u> Tbg setting date: <u>05/28/2010</u> Packer Depth: <u> </u> | |
| Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | |
| Date formation Abandoned: <u> </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u> | |
| Bridge Plug Depth: <u> </u> Sacks cement on top: <u> </u> | |

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

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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

User Group **Comment** **Comment Date**

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Total: 0 comment(s)