

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:

2556861

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) 893-0933X308
3. Address: 1050 17TH ST STE 2500 Fax: (303) 893-0914
City: DENVER State: CO Zip: 80265-20

5. API Number 05-067-09751-00 6. County: LA PLATA
7. Well Name: SLUGGER Well Number: 11
8. Location: QtrQtr: NENE Section: 18 Township: 33N Range: 8W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: <u>FRUITLAND COAL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>05/21/2010</u>	Date of First Production this formation: <u>06/14/2010</u>
Perforations Top: <u>3118</u> Bottom: <u>3272</u>	No. Holes: <u>131</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 40,065 GAL 17 CP DELTA 140,3,253 GAL LINEAR GEL FLUSH,10,300 # 20/40 SAND & 27,200# 16/30 SAND & 14,100 CRC RESIN COATED SAND. FRAC #2 40,881 GAL 17 CP DELTA 140,10,000# 20/40 SAND, 35,600# 16/30 SAND. FRAC # 3 33,226 GAL 17 CP DELTA 140,3,055 GAL LINEAR GEL, 12,000# 20/40 SAND, 28,320# 16/30 10,100 # 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>06/02/2010</u> Hours: <u>17</u> Bbls oil: <u>0</u> Mcf Gas: <u>339</u> Bbls H2O: <u>150</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>479</u> Bbls H2O: <u>212</u> GOR: <u> </u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>600</u> Tubing PSI: <u>270</u> Choke Size: <u>3/8</u>	
Gas Disposition: <u>VENTED</u> Gas Type: <u>COAL GAS</u> BTU Gas: <u>994</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
2556861	FORM 5A SUBMITTED
2556862	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)