

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:

2555688

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: 8667 4. Contact Name: TOM MELLAND
2. Name of Operator: PETROGLYPH ENERGY INC Phone: (719) 742-5570
3. Address: 555 S COLE RD Fax: (719) 742-5571
City: BOISE State: ID Zip: 83707

5. API Number 05-055-06255-00 6. County: HUERFANO
7. Well Name: MARTINEZ Well Number: 07-14
8. Location: QtrQtr: SESW Section: 7 Township: 29S Range: 66W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: <u>VERMEJO COAL</u>	Status: <u>SHUT IN</u>
Treatment Date: <u>06/15/2010</u>	Date of First Production this formation: <u>12/08/2001</u>
Perforations Top: <u>1350</u> Bottom: <u>1552</u>	No. Holes: <u>160</u> Hole size: <u>40/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>11/16/2001 PERFS (1416-1421 1436-1441 1524-1531 1545-1552) TREATED WITH 2400 GALS 7.5% HCL ACID.</u> <u>02/25/2005 PERFS (1350-1352 1365-1369 1400-1403 1475-1479 1496-1499) TREATED WITH 1600 GALS 15% HCL ACID.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: _____ Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____	Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____ Tbg setting date: _____ 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: THOMAS MELLAND
Title: DISTRICT MANAGER Date: 5/26/2010 Email: TMELLAND@PGEI.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: 2/18/2011

Attachment Check List

Att Doc Num	Name
2555688	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)