

**FORM
5A**Rev
02/08State 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

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.

Document Number:

2555693

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 05-055-06157-00 6. County: HUERFANO
7. Well Name: LIVELY Well Number: 02-03
8. Location: QtrQtr: NENW Section: 2 Township: 29S Range: 67W 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>08/27/1998</u>
Perforations Top: <u>1511</u> Bottom: <u>1709</u>	No. Holes: <u>131</u> Hole size: <u>40/100</u>
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
<div>08/23/1998 PERFS (1570-1576 1604-1607 1634-1640 1677-1683) FRAC WITH 70 QUALITY NITROGEN FOAM, 163000 LBS 20/40 SAND. 03/22/2005 PERFS (1511-1514 1532-1535 1544-1546 1592-1594 1663-1665 1407-1709) TREATE WITH 1700 GAL 15% HCL ACID.</div>	
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
2555693	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

--	--	--

Total: 0 comment(s)