

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:

2555693

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 05-055-06157-00 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: VERMEJO COAL Status: SHUT IN  
 Treatment Date: 06/15/2010 Date of First Production this formation: 08/27/1998  
 Perforations Top: 1511 Bottom: 1709 No. Holes: 131 Hole size: 40/100  
 Provide a brief summary of the formation treatment: Open Hole:   
 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.  
 This formation is commingled with another formation:  Yes  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:  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: 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

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