

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:

2555697

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 05-055-06165-00 6. County: HUERFANO
 7. Well Name: ROHR Well Number: 09-10
 8. Location: QtrQtr: NWSE Section: 9 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: 12/31/1998
 Perforations Top: 1989 Bottom: 2125 No. Holes: 76 Hole size: 40/100
 Provide a brief summary of the formation treatment: Open Hole:
 12/17/1998 PERFS (2073-2075 2105-2109 2121-21250 TREATED WITH 1000 GALS 15% HCL ACID.
 03/22/2005 PERFS (1989-1991 2012-2015 2025-2029) TREATED WITH 900 GALS 15% HCI 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
2555697	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)