

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:

2556459

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: 5 4. Contact Name: STEVE LINDBLOM
 2. Name of Operator: COLORADO OIL & GAS CONSERVATION COMMISS Phone: (303) 894-2100X114
 3. Address: 1120 LINCOLN ST SUITE 801 Fax: _____
 City: DENVER State: CO Zip: 80203

5. API Number 05-007-06293-00 6. County: ARCHULETA
 7. Well Name: DEEP CANYON MW Well Number: 34-4-32-1
 8. Location: QtrQtr: SESW Section: 32 Township: 34N Range: 4W Meridian: M
 9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND Status: SHUT IN

Treatment Date: 05/24/2010 Date of First Production this formation: 05/24/2010

Perforations Top: 752 Bottom: 838 No. Holes: 116 Hole size: 34/100

Provide a brief summary of the formation treatment: Open Hole:

COAL SONES WERE PERFORATED WITH 4 SHOTS PER FOOT, WELL WAS SWABBED ON MAY 24 AND 25, 2010 IN PREPERATION TO INSTALL MONITORING EQUIPMENT.

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: _____

MONITORING WELL ONLY

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: DENNY G FOUST

Title: AGENT Date: 6/25/2010 Email DENNY.FOUST@SOUDERMILLER.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
2556459	FORM 5A SUBMITTED
2556460	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)