

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:

2556463

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

2. Name of Operator: COLORADO OIL & GAS CONSERVATION COMMISS

3. Address: 1120 LINCOLN ST SUITE 801  
City: DENVER State: CO Zip: 80203

4. Contact Name: STEVE LINDBLOM  
Phone: (303) 894-2100EXT114  
Fax: \_\_\_\_\_

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: 11/03/2009 Date of First Production this formation: 11/03/2009

Perforations Top: 174 Bottom: 380 No. Holes: 192 Hole size: 34/100

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

COAL SONES WERE PERFORATED WITH 4 SPF AND SWABBED DRY. WAIT OVERNIGHT AND SWAB DRY.

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
2556463	FORM 5A SUBMITTED
2556464	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)