

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:

2511468

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: 42300 4. Contact Name: CATHERINE SMITH  
 2. Name of Operator: HUNTINGTON ENERGY LLC Phone: (405) 840-9876  
 3. Address: 908 NW 71ST Fax: (405) 840-2011  
 City: OKLAHOMA CITY State: OK Zip: 73116

5. API Number 05-067-09358-00 6. County: LA PLATA  
 7. Well Name: UTE MOUNTAIN UTE Well Number: 87  
 8. Location: QtrQtr: SWNW Section: 14 Township: 32N Range: 13.5W Meridian: N  
 9. Field Name: BARKER DOME Field Code: 5260

Completed Interval

FORMATION: DAKOTA Status: PRODUCING  
 Treatment Date: 07/12/2010 Date of First Production this formation: 07/29/2010  
 Perforations Top: 3226 Bottom: 3354 No. Holes: 80 Hole size: 40/100  
 Provide a brief summary of the formation treatment: Open Hole:   
500 GALS 15% HCL ACID, PUMP 1203 MSCF N2, TOTAL OF 111,508 GALS DELTA 140 FRAC FLUID W/72Q N2. PUMP 101,200# 20/40 PRS.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 07/29/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1205 Bbls H2O: 9  
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1205 Bbls H2O: 9 GOR: 12050  
 Test Method: FLOWING Casing PSI: 500 Tubing PSI: 495 Choke Size: 24/64  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1128 API Gravity Oil: 0  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 3202 Tbg setting date: 06/28/2010 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: CATERINE SMITH  
 Title: REGULATORY Date: 8/2/2010 Email CSMITH@HUNTINGTONENERGY.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: 2/21/2011

**Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 2511468     | FORM 5A SUBMITTED |
| 2511469     | WELLBORE DIAGRAM  |

Total Attach: 2 Files

**General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
|--------------------------|-----------------------|----------------------------|
|                          |                       |                            |

Total: 0 comment(s)