

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



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Document Number:

2511468

COMPLETED INTERVAL REPORT

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: <u>DAKOTA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>07/12/2010</u>	Date of First Production this formation: <u>07/29/2010</u>
Perforations Top: <u>3226</u> Bottom: <u>3354</u>	No. Holes: <u>80</u> Hole size: <u>40/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>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.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>07/29/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1205</u> Bbls H2O: <u>9</u>	
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>1205</u> Bbls H2O: <u>9</u> GOR: <u>12050</u>
Test Method: <u>FLOWING</u> Casing PSI: <u>500</u> Tubing PSI: <u>495</u> Choke Size: <u>24/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1128</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>3202</u> Tbg setting date: <u>06/28/2010</u> Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

User Group

Comment

Comment Date

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Total: 0 comment(s)