

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
----	----	----	----

Document Number:

400132072

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: 69560 4. Contact Name: Rhonda Sandquist
2. Name of Operator: PETROLEUM MANAGEMENT LLC Phone: (970) 737-1090
3. Address: 20203 HIGHWAY 60 Fax: (970) 737-1045
City: PLATTEVILLE State: CO Zip: 80651

5. API Number 05-123-23640-00 6. County: WELD
7. Well Name: OLE Well Number: 11-24
8. Location: QtrQtr: NWNW Section: 24 Township: 6N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>PARKMAN</u>		Status: <u>DRY AND ABANDONED</u>	
Treatment Date: <u>04/20/2006</u>		Date of First Production this formation: _____	
Perforations	Top: <u>3604</u> Bottom: <u>3607</u>	No. Holes: <u>12</u>	Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>PERF PARKMAN 3604-3606, HOLES 8, SIZE .42</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>04/25/2008</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>23</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>0</u> GOR: _____
Test Method: <u>Flowing</u>	Casing PSI: <u>11</u>	Tubing PSI: _____	Choke Size: _____
Gas Disposition: <u>FLARED</u>	Gas Type: <u>WET</u>	BTU Gas: <u>0</u>	API Gravity Oil: <u>0</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production:			
<u>Dry Hole</u>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

Comment:

We will move forward to P&A this well.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Rhonda Sandquist
Title: Permit Tech Date: _____ Email: rsandquist@syrinfo.com

Attachment Check List

Att Doc Num	Name
400142135	WELLBORE DIAGRAM
400142136	CEMENT JOB SUMMARY
400142137	CEMENT JOB SUMMARY
400142138	WIRELINE JOB SUMMARY

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)