


<b>FORM 5A</b>  Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number:  <div style="border: 1px solid black; padding: 5px; text-align: center;">2556527</div>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>							
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: <u>5</u>		4. Contact Name: <u>STEVE LINDBLOM</u>					
2. Name of Operator: <u>COLORADO OIL &amp; GAS CONSERVATION COMMISS</u>		Phone: <u>(303) 894-2100X5114</u>					
3. Address: <u>1120 LINCOLN ST SUITE 801</u>		Fax: _____					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80203</u>					
5. API Number <u>05-067-09804-00</u>		6. County: <u>LA PLATA</u>					
7. Well Name: <u>PALMER RANCH</u>		Well Number: <u>1</u>					
8. Location: QtrQtr: <u>SWNW</u>	Section: <u>19</u>	Township: <u>35N</u>	Range: <u>8W</u> Meridian: <u>N</u>				
9. Field Name: <u>IGNACIO BLANCO</u>		Field Code: <u>38300</u>					
<u>Completed Interval</u>							
FORMATION: <u>FRUITLAND</u>		Status: <u>SHUT IN</u>					
Treatment Date: <u>11/17/2009</u>		Date of First Production this formation: <u>11/27/2009</u>					
Perforations Top: <u>623</u>	Bottom: <u>671</u>	No. Holes: <u>136</u>	Hole size: <u>34/100</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
FROM 623-671, 34 FEET OF COAL WAS PERFORATED WITH 4 SPF. THE WELL WAS SWABBED, LEFT OVERNIGHT SWABBED 11/28/2009. IN SITU INSTALLED THE MONITORING EQUIPMENT IN THE AFTERNOON.							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Test Information:</b>							
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____				
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____				
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: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>							
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: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>							

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: 6/30/2010 Email DENNY.FOUST@SOUDERMILLER.COM  
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### **Attachment Check List**

Att Doc Num	Name
2556527	FORM 5A SUBMITTED
2556528	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)