

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: 2556527
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 & 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	
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: _____	
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:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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
:

Attachment Check List

Att Doc Num	Name
2556527	FORM 5A SUBMITTED
2556528	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)