


<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;">2592551</div>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>							
<p>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.</p>							
1. OGCC Operator Number: <u>42300</u> 2. Name of Operator: <u>HUNTINGTON ENERGY LLC</u> 3. Address: <u>908 NW 71ST</u> City: <u>OKLAHOMA CITY</u> State: <u>OK</u> Zip: <u>73116</u>		4. Contact Name: <u>CATHERINE SMITH</u> Phone: <u>(405) 840-9876</u> Fax: <u>(405) 840-2011</u>					
5. API Number <u>05-067-09321-00</u> 7. Well Name: <u>UTE MOUNTAIN UTE</u> 8. Location: QtrQtr: <u>NESE</u> Section: <u>23</u> Township: <u>32N</u> Range: <u>13.5W</u> Meridian: <u>N</u> 9. Field Name: <u>BARKER DOME</u> Field Code: <u>5260</u>		6. County: <u>LA PLATA</u> Well Number: <u>88</u>					
<u>Completed Interval</u>							
FORMATION: <u>DAKOTA</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>07/11/2010</u>		Date of First Production this formation: <u>01/04/2011</u>					
Perforations Top: <u>3118</u>	Bottom: <u>3254</u>	No. Holes: <u>104</u>	Hole size: <u>43/100</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
7/11/10: PUMP 500 GALS 15% HCI ACID, PUMP 676 MSCF N2 DOWN HOLE, PUMP 21709 GALS 13CP DELTA 140 FRAC FLUID. PUMP 50340 GALS 70Q N2 13CP DELTA 140 FRAC FI, PUMP 883 SX 20/40 PRS. PUMP 17504 GAL DELTA 140&925 GAL WATER FRAC F							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Test Information:</b>							
Date: <u>01/06/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>515</u>				
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>515</u>				
Test Method: <u>FLOWING</u>		Casing PSI: <u>131</u>	Tubing PSI: <u>131</u>				
Gas Disposition: <u>SOLD</u>		Gas Type: _____	BTU Gas: <u>0</u>				
Tubing Size: <u>2 + 3/8</u>		Tubing Setting Depth: <u>3041</u>	Tbg setting date: <u>08/26/2008</u>				
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: _____							

**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: CATHERINE SMITH

Title: REGUALTORY Date: 1/10/2011 Email CSMITH@HUNTINGTONENERGY.COM  
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### **Attachment Check List**

Att Doc Num	Name
2592551	FORM 5A SUBMITTED
2592552	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)