

<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>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="text-align: center; font-weight: bold;">2592551</div>				
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>42300</u>	4. Contact Name: <u>CATHERINE SMITH</u>
2. Name of Operator: <u>HUNTINGTON ENERGY LLC</u>	Phone: <u>(405) 840-9876</u>
3. Address: <u>908 NW 71ST</u>	Fax: <u>(405) 840-2011</u>
City: <u>OKLAHOMA CITY</u> State: <u>OK</u> Zip: <u>73116</u>	

5. API Number <u>05-067-09321-00</u>	6. County: <u>LA PLATA</u>
7. Well Name: <u>UTE MOUNTAIN UTE</u>	Well Number: <u>88</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>	

Completed Interval

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:  Yes  No

**Test Information:**

Date: <u>01/06/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>515</u>	Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u>	Mcf Gas: <u>515</u>	Bbls H2O: <u>0</u>	GOR: <u>51500</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>131</u>	Tubing PSI: <u>131</u>	Choke Size: _____	
Gas Disposition: <u>SOLD</u>	Gas Type: _____	BTU Gas: <u>0</u>	API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>3041</u>	Tbg setting date: <u>08/26/2008</u>	Packer Depth: _____	

Reason for Non-Production:

Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes  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  
:

**Attachment Check List**

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

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)