


<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%; text-align: center;">DE</td> <td style="width: 25%; text-align: center;">ET</td> <td style="width: 25%; text-align: center;">OE</td> <td style="width: 25%; text-align: center;">ES</td> </tr> </table> Document Number:  <div style="text-align: center; font-weight: bold;">400100563</div>	DE	ET	OE	ES																					
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<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.																												
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Reason for Non-Production: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">           A CIBP was set at 10,668' on September 24, 2010.         </div>																												
Date formation Abandoned: <u>09/24/2010</u> Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt _____ Bridge Plug Depth: <u>10668</u> Sacks cement on top: _____																												

FORMATION: <u>SEGO</u>				Status: <u>SHUT IN</u>	
Treatment Date: <u>10/24/2008</u>		Date of First Production this formation: <u>10/25/2008</u>			
Perforations	Top: <u>11357</u>	Bottom: <u>11720</u>	No. Holes: <u>18</u>	Hole size: <u>0.34</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Test Information:</b>					
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:					
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Date formation Abandoned: <u>09/24/2010</u>		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: <u>10668</u>		Sacks cement on top: _____			

FORMATION: <u>WILLIAMS FK-ROLLINS-CAMEO</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>10/04/2010</u>		Date of First Production this formation: <u>10/08/2010</u>			
Perforations	Top: <u>8799</u>	Bottom: <u>10575</u>	No. Holes: <u>183</u>	Hole size: <u>0.36</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>32,583 bbls. slickwater; 88 bbls. 7.5% HCL; 24 bbls. 15% HCL; 576,788 lbs. of 30/50 Prime Plus RCS</u>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Test Information:</b>					
Date: <u>10/10/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>1012</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>1012</u>	Bbls H2O: <u>0</u>	GOR: _____
Test Method: <u>Flowing</u>	Casing PSI: <u>1408</u>	Tubing PSI: _____	Choke Size: <u>25/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1030</u>	API Gravity Oil: <u>0</u>		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production:					
<u></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:
<u></u>

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.			
Signed: _____		Print Name: <u>Reed Haddock</u>	
Title: <u>Regulatory Analyst</u>	Date: <u>10/14/2010</u>	Email <u>rhaddock@basspet.com</u>	

**Attachment Check List**

Att Doc Num	Name
400100563	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)