

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:

400125733

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: 10325 4. Contact Name: CLAYTON DOKE  
 2. Name of Operator: RECOVERY ENERGY INC Phone: (970) 669-7411  
 3. Address: 1515 WYNKOOP STREET - STE #200 Fax: (970) 669-4077  
 City: DENVER State: CO Zip: 80202

5. API Number 05-005-07128-00 6. County: ARAPAHOE  
 7. Well Name: STATE-BRADBURY Well Number: 13-36  
 8. Location: QtrQtr: NWSW Section: 36 Township: 4S Range: 62W Meridian: 6  
 9. Field Name: PEACE PIPE Field Code: 67900

Completed Interval

FORMATION: J SAND Status: PRODUCING  
 Treatment Date: \_\_\_\_\_ Date of First Production this formation: 11/12/2010  
 Perforations Top: 7202 Bottom: 7278 No. Holes: 80 Hole size: 42/100  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 Perf'd:  
7202'-7210' w/ 8' x 3-3/8" gun, 4 SPF .42" EHD, 37" pene 120° phase (32 shots)  
7260'-7268' & 7274'-7278' w/ 8' x 3-3/8" gun, 4 SPF .42" EHD, 37" pene 120° phase (48 shots)  
 No stimulation treatment conducted.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 08/14/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 805 Bbls H2O: 0  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 805 Bbls H2O: 0 GOR: \_\_\_\_\_  
 Test Method: FLOWING Casing PSI: 310 Tubing PSI: 255 Choke Size: 22/64  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1491 API Gravity Oil: 58  
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 7210 Tbg setting date: 08/13/2010 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:  
 \_\_\_\_\_

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: CLAYTON DOKE

Title: ENGINEER

Date: \_\_\_\_\_

Email: cdoke@petersonenergy.com

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_

**Director of COGCC**

Date: \_\_\_\_\_

### **Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

### **General Comments**

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

Total: 0 comment(s)