

**FORM
5A**Rev
02/08State 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: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: _____		Date of First Production this formation: <u>11/12/2010</u>	
Perforations	Top: <u>7202</u>	Bottom: <u>7278</u>	No. Holes: <u>80</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>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.</div>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>08/14/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>805</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>805</u> Bbls H2O: <u>0</u> GOR: _____
Test Method: <u>FLOWING</u>	Casing PSI: <u>310</u>	Tubing PSI: <u>255</u>	Choke Size: <u>22/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1491</u>	API Gravity Oil: <u>58</u>
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>7210</u>	Tbg setting date: <u>08/13/2010</u>	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:

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

:

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

User Group	Comment	Comment Date

Total: 0 comment(s)