


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		<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;">2590746</div>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT							
<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>86195</u> 2. Name of Operator: <u>THE TERMO COMPANY</u> 3. Address: <u>P O BOX 2767</u> City: <u>LONG BEACH</u> State: <u>CA</u> Zip: <u>90801</u>		4. Contact Name: <u>TRENT ROSENLIB</u> Phone: <u>(562) 595-7401</u> Fax: <u>(562) 426-2730</u>					
5. API Number <u>05-081-07591-00</u> 7. Well Name: <u>MUD GULCH</u> 8. Location: QtrQtr: <u>SWNE</u> Section: <u>31</u> Township: <u>8N</u> Range: <u>94W</u> Meridian: <u>6</u> 9. Field Name: <u>RIDGELINE</u> Field Code: <u>73455</u>		6. County: <u>MOFFAT</u> Well Number: <u>32-31</u>					
<u>Completed Interval</u>							
FORMATION: <u>ALMOND</u>		Status: <u>SHUT IN</u>					
Treatment Date: <u>10/12/2010</u>		Date of First Production this formation: _____					
Perforations Top: <u>3910</u>	Bottom: <u>3973</u>	No. Holes: <u>196</u>	Hole size: <u>40/100</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
<div style="border: 1px solid black; padding: 2px;">NONE</div>							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>10/12/2010</u>	Hours: <u>8</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>66</u>				
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>198</u> GOR: <u>0</u>				
Test Method: <u>SWAB</u>	Casing PSI: <u>0</u>	Tubing PSI: <u>0</u>	Choke Size: _____				
Gas Disposition: _____	Gas Type: _____	BTU Gas: <u>0</u>	API Gravity Oil: <u>0</u>				
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____				
Reason for Non-Production:							
<div style="border: 1px solid black; padding: 2px;">SHUT IN DUE TO WATER PRODUCTION</div>							
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:							
<div style="border: 1px solid black;"></div>							
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.							
Signed: _____		Print Name: <u>TRENT R ROSENLIB</u>					
Title: <u>VICE PRESIDENT</u>		Date: <u>11/4/2010</u> Email <u>TRANTR@TERMOCO.COM</u>					

Attachment Check List

Att Doc Num	Name
2590746	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)