

<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; border: 1px solid black; padding: 5px;">2590746</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>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 ROSENLIEB</u> Phone: <u>(562) 595-7401</u> Fax: <u>(562) 426-2730</u>
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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> 9. Field Name: <u>RIDGELINE</u> Field Code: <u>73455</u>	6. County: <u>MOFFAT</u> Well Number: <u>32-31</u> Range: <u>94W</u> Meridian: <u>6</u>
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Completed Interval

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"/>
NONE	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
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:	
SHUT IN DUE TO WATER 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: TRENT R ROSENLIEB

Title: VICE PRESIDENT    Date: 11/4/2010    Email: TRANTR@TERMOCO.COM

### 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)