

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: 1634604
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>77330</u>	4. Contact Name: <u>DIANE MCCALLUM</u>
2. Name of Operator: <u>SG INTERESTS I LTD</u>	Phone: <u>(970) 252-0696</u>
3. Address: <u>PO BOX 26</u>	Fax: <u>(970) 252-0636</u>
City: <u>MONTROSE</u> State: <u>CO</u> Zip: <u>81402</u>	

5. API Number <u>05-051-06098-00</u>	6. County: <u>GUNNISON</u>
7. Well Name: <u>VOLK</u>	Well Number: <u>12-89-21 #1</u>
8. Location: QtrQtr: <u>SENW</u> Section: <u>21</u> Township: <u>12S</u> Range: <u>89W</u> Meridian: <u>6</u>	
9. Field Name: <u>WEST MUDDY CREEK</u> Field Code: <u>91970</u>	

<u>Completed Interval</u>	
FORMATION: <u>CAMEO</u>	Status: <u>SHUT IN</u>
Treatment Date: <u>01/21/2011</u>	Date of First Production this formation: _____
Perforations Top: <u>3170</u> Bottom: <u>3230</u> No. Holes: <u>24</u> Hole size: <u>36/100</u>	
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
FRAC WELL DOWN TBG W/1500 GAL 15% HCL +67,914 GA;S DYNAQUA-1+112,640# 20/40 SAND. AVERAGE TREATING PRESSURE=3161 PSI, AVERAGE RATE=36 BBL/MIN.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>02/22/2011</u> Hours: <u>15</u> Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>135</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>216</u> GOR: _____	
Test Method: <u>ROD PUMP</u> Casing PSI: <u>10</u> Tubing PSI: _____ Choke Size: _____	
Gas Disposition: <u>VENTED</u> Gas Type: <u>COAL GAS</u> BTU Gas: <u>0</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>3246</u> Tbg setting date: <u>02/05/2011</u> Packer Depth: _____	
Reason for Non-Production:	
SI, WOPL	
Date formation Abandoned: _____ Squeeze: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u>57</u>	
Bridge Plug Depth: _____ Sacks cement on top: _____	

Comment:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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

Signed: _____ Print Name: DIANE MCCALLUM

Title: REGULATORY & COMPLIANCE Date: 3/15/2011 Email D.MCCALLUM@sGINTERESTS.COM
:

Attachment Check List

Att Doc Num	Name
1634604	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)