


<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				
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<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="border: 1px solid black; padding: 5px; text-align: center;">2592546</div>								
<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>											
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Provide a brief summary of the formation treatment: <span style="float: right;">Open Hole: <input type="checkbox"/></span>											
FRAC'D USING 16317 BBLS OF SLICKWATER GEL AND 596895 LBS OF 30/50 MESH WHITE SAND.											
This formation is commingled with another formation: <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>											
<b>Test Information:</b>											
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Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></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:											
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.											
Signed: _____ Print Name: <u>JEFF GLOSSA</u>											
Title: <u>SR ENGINEERING TECH</u> Date: <u>1/6/2011</u> Email: <u>JGLOSSA@PETD.COM</u>											

**Attachment Check List**

Att Doc Num	Name
2592546	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)