

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



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COMPLETED INTERVAL REPORT

Document Number:

400163488

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: 56565 4. Contact Name: Arlene Valliquette
 2. Name of Operator: MERIT ENERGY COMPANY Phone: (972) 628-1558
 3. Address: 13727 NOEL ROAD STE 500 Fax: (972) 628-1858
 City: DALLAS State: TX Zip: 75240

5. API Number 05-123-24919-00 6. County: WELD
 7. Well Name: GATEWOOD Well Number: 5
 8. Location: QtrQtr: NENW Section: 1 Township: 5N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED
 Treatment Date: _____ Date of First Production this formation: _____
 Perforations Top: 6887 Bottom: 6904 No. Holes: 102 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
 This formation is commingled with another formation: Yes No
Test Information:
 Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
 Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
 Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
 Reason for Non-Production:
Temporarily abandoned formation to test Niobrara formation
 Date formation Abandoned: 03/09/2011 Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: 6870 Sacks cement on top: 2

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 03/15/2011 Date of First Production this formation: 03/16/2011

Perforations Top: 6602 Bottom: 6784 No. Holes: 216 Hole size: 0.4

Provide a brief summary of the formation treatment: _____ Open Hole:

Fraced with 3692 bbls fluid & 240,000# 30/50 Ottawa Sand + 23,750# 40/70 Ottawa Sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/31/2011 Hours: 24 Bbls oil: 35 Mcf Gas: 140 Bbls H2O: 17

Calculated 24 hour rate: _____ Bbls oil: 35 Mcf Gas: 140 Bbls H2O: 17 GOR: 4000

Test Method: Flowing Casing PSI: 520 Tubing PSI: 520 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1247 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6577 Tbg setting date: 03/30/2011 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes 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: Arlene Valliquette

Title: Regulatory Manager Date: _____ Email arlene.valliquette@meritenergy.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

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

Total: 0 comment(s)