


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="text-align: center; font-weight: bold; font-size: 1.2em;">1633485</div>	DE	ET	OE	ES																												
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COMPLETED INTERVAL REPORT																																			
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.																																			
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FORMATION: <u>CORCORAN</u>		Status: <u>SHUT IN</u>	
Treatment Date: <u>02/18/2010</u>		Date of First Production this formation: <u>06/10/2010</u>	
Perforations	Top: <u>9070</u>	Bottom: <u>9317</u>	No. Holes: <u>0</u> Hole size: <u>43/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>4900 bbl slick, 100,000# 20/40 jordan-unimin</u>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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:			
<u>HIGH CO2</u>			
Date formation Abandoned: <u>07/08/2010</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: <u>ROLLINS</u>		Status: <u>SHUT IN</u>	
Treatment Date: <u>02/18/2010</u>		Date of First Production this formation: <u>06/10/2010</u>	
Perforations	Top: <u>8488</u>	Bottom: <u>8667</u>	No. Holes: <u>0</u> Hole size: <u>43/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>6558 BBL SLICKWATER, 140,000# 20/40 JORDAN-UNIMIN</u>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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:			
<u>HIGH CO2</u>			
Date formation Abandoned: <u>07/08/2010</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: <u>WILLIAMS FORK-ILES</u>				Status: <u>SHUT IN</u>	
Treatment Date: <u>02/18/2010</u>		Date of First Production this formation: <u>06/19/2010</u>			
Perforations	Top: <u>6811</u>	Bottom: <u>9616</u>	No. Holes: <u>152</u>	Hole size: <u>43/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
WELL TEST NEVER COMPLETED. WELL ON 15 DAYS BEFORE IT WAS SI FOR HIGH CO2. 2 3/8" TUBING @ 8064'					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: _____	API Gravity Oil: _____		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production:					
SI DUE TO HIGH CO2					
Date formation Abandoned: <u>07/08/2010</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: <u>WILLIAMS FORK</u>				Status: <u>SHUT IN</u>	
Treatment Date: <u>02/18/2010</u>		Date of First Production this formation: _____			
Perforations	Top: <u>6811</u>	Bottom: <u>8372</u>	No. Holes: <u>2032</u>	Hole size: <u>43/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
11,922 BBL SLICKWATER 262,000 #20/40 JORDAN-UNIMIN; 12,355 BBL SLICKWATER 270,400 # 20/40 JORDAN-UNIMIN; 8495 BBL SLICKWATER, 226,000# 20/40 JORDAN-UNIMIN, 183 GAL HCL ACID (28%); 10,937 BBL SLICKWATER, 233,000 # 20/40 JORDAN-UNAMIN.					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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:					
SI DUE TO HIGH CO2.					
Date formation Abandoned: <u>07/08/2010</u>		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: PATRICIA KACERGUIS

Title: SENIOR VP Date: 1/28/2011 Email PKACERGUIS@MESA-ENERGY.NET
:

Attachment Check List

Att Doc Num	Name
1633485	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	rec all test info, re-scanned docs	5/18/2011 4:17:11 PM
Permit	req tst info	5/3/2011 7:29:24 AM
Data Entry	CHECK EMAIL FOR PATRICIA KACERGUIS.	3/21/2011 11:13:29 AM

Total: 3 comment(s)