

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>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; font-weight: bold;">2591101</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>10330</u>	4. Contact Name: <u>DACE REBOL</u>
2. Name of Operator: <u>INVESTMENT EQUIPMENT LLC</u>	Phone: <u>(970) 867-9007</u>
3. Address: <u>17509 COUNTY ROAD 14</u>	Fax: <u>(970) 867-8374</u>
City: <u>FT MORGAN</u> State: <u>CO</u> Zip: <u>80701</u>	

5. API Number <u>05-075-09290-00</u>	6. County: <u>LOGAN</u>
7. Well Name: <u>COLORADO</u>	Well Number: <u>4-10</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>10</u> Township: <u>6N</u> Range: <u>52W</u> Meridian: <u>6</u>	
9. Field Name: <u>MOOSE</u> Field Code: <u>56030</u>	

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/20/2010</u>	Date of First Production this formation: <u>11/01/2010</u>
Perforations Top: <u>4592</u> Bottom: <u>4596</u>	No. Holes: <u>16</u> Hole size: <u>1/4</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<div style="border: 1px solid black; padding: 2px;"> <u>PERFORATE - 500 GALLONS OF ACID</u> </div>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>11/02/2010</u> Hours: <u>24</u>	Bbls oil: <u>2</u> Mcf Gas: <u>0</u> Bbls H2O: <u>5</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>PUMPING</u>	Casing PSI: <u>30</u> Tubing PSI: <u>10</u> Choke Size: _____
Gas Disposition: <u>VENTED</u>	Gas Type: _____ BTU Gas: <u>0</u> API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>4600</u>	Tbg setting date: <u>10/20/2010</u> Packer Depth: _____
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: DAVE REBOL

Title: MEMBER Date: 11/10/2010 Email: DAVEREBOL@CANTREADIT.COM

Attachment Check List

Att Doc Num	Name
2591101	FORM 5A SUBMITTED
2591102	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)