

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>J SAND</u>		Status: <u>SHUT IN</u>	
Treatment Date: <u>12/21/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7775</u>	Bottom: <u>7815</u>	No. Holes: <u>120</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 2px;">WIRELINE SET A CIBP AT 7610 WITH 2 SXS CEMENT ON TOP.</div>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" 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: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>			
Date formation Abandoned: <u>12/21/2010</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7610</u>		Sacks cement on top: <u>2</u>	

Comment: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Signed: _____	Print Name: <u>TIM HAGER</u>
Title: <u>PRESIDENT</u>	Date: <u>2/9/2011</u> Email: <u>BLUECHIPOIL@MSN.COM</u>

Attachment Check List

Att Doc Num	Name
1633635	FORM 5 SUBMITTED
1633636	WELLBORE DIAGRAM
1633637	WIRELINE JOB SUMMARY

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REQ FORM 5 AND ATTACHMENTS	6/6/2011 9:59:33 AM

Total: 1 comment(s)