

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;">1638118</div>				

1. OGCC Operator Number: <u>900</u> 2. Name of Operator: <u>ALAMOSA DRILLING INC</u> 3. Address: <u>8150 N. CENTRAL EXPY - STE 750</u> City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75205-18</u>	4. Contact Name: <u>TODD MOORE</u> Phone: <u>(214) 368-6800</u> Fax: <u>(214) 368-8406</u>
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5. API Number <u>05-007-06280-00</u> 7. Well Name: <u>JANKE</u> 8. Location: QtrQtr: <u>SENW</u> Section: <u>18</u> Township: <u>32N</u> Range: <u>1E</u> Meridian: <u>N</u> 9. Field Name: <u>NAVAJO</u> Field Code: <u>57110</u>	6. County: <u>ARCHULETA</u> Well Number: <u>3</u>
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Completed Interval

FORMATION: <u>MANCOS</u>	Status: <u>PRODUCING</u>
Treatment Date: _____	Date of First Production this formation: <u>10/15/2010</u>
Perforations Top: <u>900</u> Bottom: <u>1174</u>	No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input checked="" type="checkbox"/>
<div style="border: 1px solid black; padding: 2px;">NONE</div>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>10/15/2010</u> Hours: <u>24</u>	Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u> GOR: _____
Test Method: <u>PUMP</u>	Casing PSI: <u>0</u> Tubing PSI: <u>0</u> Choke Size: _____
Gas Disposition: <u>VENTED</u>	Gas Type: <u>WET</u> BTU Gas: <u>0</u> API Gravity Oil: <u>32</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>1154</u>	Tbg setting date: <u>10/06/2010</u> Packer Depth: _____
Reason for Non-Production:	
<div style="border: 1px solid black; height: 20px;"></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: TODD MOORE

Title: PRESIDENT Date: 1/10/2011 Email: KLOWAGAS@SBCGLOBAL.NET

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
1638118	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	API Gravity = 32 provided by operator.	5/5/2011 2:43:51 PM

Total: 1 comment(s)