


<b>FORM 5A</b>  Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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;">1634247</div>	DE	ET	OE	ES				
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<b>COMPLETED INTERVAL REPORT</b>											
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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Treatment Date: <u>01/16/2011</u> Date of First Production this formation: <u>01/17/2011</u>											
Perforations Top: <u>7000</u> Bottom: <u>7276</u> No. Holes: <u>188</u> Hole size: _____											
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
<b>Test Information:</b>											
Date: <u>01/27/2011</u> Hours: <u>24</u> Bbls oil: <u>35</u> Mcf Gas: <u>50</u> Bbls H2O: <u>4</u>											
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: <u>1429</u>											
Test Method: <u>FLOWING</u> Casing PSI: <u>1100</u> Tubing PSI: <u>850</u> Choke Size: _____											
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1242</u> API Gravity Oil: <u>50</u>											
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7251</u> Tbg setting date: <u>01/13/2011</u> Packer Depth: _____											
Reason for Non-Production: _____											
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: _____											

FORMATION: <u>NIOBRARA</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>11/20/2010</u>		Date of First Production this formation: <u>11/22/2010</u>	
Perforations	Top: <u>7000</u>	Bottom: <u>7202</u>	No. Holes: <u>132</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
FRAC NIOBRARA WITH 4156 BBLS DYNAFLOW 2 WR FLUID; 238,000# 30/50 SAND; AND 12,000# 20/40 RESIN COATED SAND. SPEARHEAD 24 BBLS 15% ACID AHEAD OF FRAC AND 500 BBLS 7% KCL IN PRE-PAD. TREAT AT AN AVERAGE OF 5416PSI 63.4 BPM MAX PRESSURE 6183 PSI MAX RATE 64.2 BPM			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>			
Date: <u>12/11/2010</u>	Hours: <u>24</u>	Bbls oil: <u>44</u>	Mcf Gas: <u>20</u> Bbls H2O: <u>2</u>
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____      Bbls H2O: _____      GOR: <u>455</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>200</u>	Tubing PSI: <u>0</u>	Choke Size: <u>16/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1242</u>	API Gravity Oil: <u>43</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production:			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7240</u>		Sacks cement on top: _____	

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Att Doc Num	Name
1634247	FORM 5A SUBMITTED
1634248	WELLBORE DIAGRAM

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