


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;">2592555</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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<div style="border: 1px solid black; padding: 5px;"> RE-PERF'D CODELL 7108'-7116'(24 HOLES) RE-FRAC'D CODELL USING 2874 BBLS FO SILVERSTIM 26# FLUID SYSTEM, 217100 LBS OF 20/40 WHITE SAND AND 8000 LBS OF ACFRAC 20/40 PROPPANT. </div>																												
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																												
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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: _____																												

FORMATION: <u>FORT HAYS</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>01/30/1990</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7073</u>	Bottom: <u>7098</u>	No. Holes: <u>6</u> Hole size: <u>40/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
COMPLETED BY LYCO ENERGY ON 01/27/1990 W/O NOTIFICATION TO THE COGCC. FORT HAYS PERFS: 7073',7079',7089',7094',7098' FRAC'D FORT HAYS WITH 46,000 GALS CROSSLINKED 1% KCL WATER CONTAINING 150,000 LBS 20/40 SAND.			
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: _____			
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-FT HAYS-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: _____		Date of First Production this formation: <u>01/30/1990</u>	
Perforations	Top: <u>6792</u>	Bottom: <u>7121</u>	No. Holes: <u>127</u> Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>12/01/2010</u>	Hours: <u>24</u>	Bbls oil: <u>13</u>	Mcf Gas: <u>148</u> Bbls H2O: <u>10</u>
Calculated 24 hour rate: _____		Bbls oil: <u>13</u>	Mcf Gas: <u>148</u> Bbls H2O: <u>10</u> GOR: <u>11385</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>600</u>	Tubing PSI: <u>550</u>	Choke Size: <u>24/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1265</u>	API Gravity Oil: <u>50</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7086</u>	Tbg setting date: <u>11/02/2010</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: _____	

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>NIOBRARA</u>		Status: <u>COMMINGLED</u>		
Treatment Date: <u>10/26/2010</u>		Date of First Production this formation: _____		
Perforations	Top: <u>6792</u>	Bottom: <u>7016</u>	No. Holes: <u>53</u>	Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 5px;">PERF'D NIOBRARA "A" 6796'-6798' (6 HOLES), NIOBRARA "B" 6930'-6940' (30 HOLES) REFRAC'D NIOBRARA WITH 24 BBLS OF 15% HCL, 119 BBLS OF FE-1A PAD, 958 BBLS OF SLICKWATER PAD, 743 BBLS OF PHASER 22# PAD, 2211 BBLS OF PHASER 22# FLUID SYSTEM AND 250920 LBS FO 30/50 WHITE SAND.</div>				
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: _____ <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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: _____ <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.			
Signed: _____		Print Name: <u>LARRY ROBBINS</u>	
Title: <u>REGUALTORY AGENT</u>	Date: <u>1/11/2011</u>	Email <u>LROBBINS@PETD.COM</u>	

Attachment Check List

Att Doc Num	Name
2592555	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)