

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



DE ET OE ES

Document Number:  
400170636

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.

1. OGCC Operator Number: 10332  
2. Name of Operator: PATARA OIL & GAS LLC  
3. Address: 333 CLAY STREET, STE #3960  
City: HOUSTON State: TX Zip: 77002  
4. Contact Name: Danielle Gavito  
Phone: (303) 820-4480  
Fax: (303) 820-4124

5. API Number 05-113-06205-00  
6. County: SAN MIGUEL  
7. Well Name: HC FED Well Number: 31-31-45-14  
8. Location: QtrQtr: SWNW Section: 31 Township: 45N Range: 14W Meridian: N  
9. Field Name: HAMILTON CREEK Field Code: 33540

Completed Interval

FORMATION: HERMOSA Status: PRODUCING

Treatment Date: 03/29/2011 Date of First Production this formation: 04/06/2011  
Perforations Top: 6840 Bottom: 6941 No. Holes: 78 Hole size: 3 + 1/8

Provide a brief summary of the formation treatment: Open Hole:

Please see attached wellbore diagram for clarification of new perforation intervals and stimulation treatment. Previously perforated and fractured intervals are included on this diagram for historical reference only.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 04/05/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 2100 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 2100 Bbls H2O: 0 GOR: 77360  
Test Method: flowing Casing PSI: 900 Tubing PSI: 850 Choke Size: 32/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1006 API Gravity Oil: 63  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 6725 Tbg setting date: 04/05/2011 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze:  Yes  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: Danielle Gavito  
Title: Permit Agent Date: Email: danielle@banko1.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name
400170655	WIRELINER JOB SUMMARY
400170659	OTHER
400173608	WELLBORE DIAGRAM

Total Attach: 3 Files

**General Comments**

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

Total: 0 comment(s)