

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

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: <u>HERMOSA</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>03/29/2011</u>		Date of First Production this formation: <u>04/06/2011</u>	
Perforations	Top: <u>6840</u> Bottom: <u>6941</u>	No. Holes: <u>78</u>	Hole size: <u>3 + 1/8</u>
Provide a brief summary of the formation treatment:		Open Hole: <input checked="" type="checkbox"/>	
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 Previously perforated and fractured intervals are included on this diagram for historical reference only.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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>04/05/2011</u>	Hours: <u>24</u>	Bbls oil: <u>2</u>	Mcf Gas: <u>2100</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>2</u>	Mcf Gas: <u>2100</u> Bbls H2O: <u>0</u> GOR: <u>77360</u>
Test Method: <u>flowing</u>	Casing PSI: <u>900</u>	Tubing PSI: <u>850</u>	Choke Size: <u>32/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1006</u>	API Gravity Oil: <u>63</u>
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>6725</u>	Tbg setting date: <u>04/05/2011</u>	Packer Depth: <u></u>
Reason for Non-Production: <div></div>			
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>			
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>			

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	WIRELINE JOB SUMMARY
400170659	OTHER
400173608	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)