


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;">400144079</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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FORMATION: <u>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>02/16/2011</u>		Date of First Production this formation: _____			
Perforations	Top: <u>6952</u>	Bottom: <u>7218</u>	No. Holes: <u>216</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>NB AND CD COMMINGLED</u>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>02/25/2011</u>	Hours: <u>24</u>	Bbls oil: <u>138</u>	Mcf Gas: <u>291</u>	Bbls H2O: <u>213</u>	
Calculated 24 hour rate:		Bbls oil: <u>138</u>	Mcf Gas: <u>291</u>	Bbls H2O: <u>213</u>	GOR: <u>2109</u>
Test Method: <u>flowing</u>	Casing PSI: <u>500</u>	Tubing PSI: _____	Choke Size: <u>16/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1246</u>	API Gravity Oil: <u>48</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: _____		Sacks cement on top: _____			

FORMATION: <u>NIOBRARA</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>02/21/2011</u>		Date of First Production this formation: _____			
Perforations	Top: <u>6952</u>	Bottom: <u>7070</u>	No. Holes: <u>144</u>	Hole size: <u>13/32</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>Niobrara A bench shot from 6952-6964 with 4 shots per foot, 48 shots total. Niobrara B shot from 7070-6964 with 4 shots per foot, 96 shots total. Both A and B bench fractured with 250,320 lbs 30/50 sand and 176,853 gallons fluid. Production reported as Niobrara-Codell.</u>					
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: _____			

Comment: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Dan Hull

Title: Project Manager Date: 3/18/2011 Email dan.hull@lra-inc.com
:

Attachment Check List

Att Doc Num	Name
400144079	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)