


<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="border: 1px solid black; padding: 5px; text-align: center;">2591820</div>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>							
<p>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.</p>							
1. OGCC Operator Number: <u>24461</u>		4. Contact Name: <u>BILL WARBURTON</u>					
2. Name of Operator: <u>DIVERSIFIED OPERATING CORPORATION</u>		Phone: <u>(303) 384-9611</u>					
3. Address: <u>15000 W 6TH AVE STE 102</u>		Fax: <u>(303) 384-9612</u>					
City: <u>GOLDEN</u>	State: <u>CO</u>	Zip: <u>80401</u>					
5. API Number <u>05-123-29436-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>FEDERAL SOONER</u>		Well Number: <u>27-10-7</u>					
8. Location: QtrQtr: <u>NWSE</u>	Section: <u>27</u>	Township: <u>8N</u>	Range: <u>58W</u> Meridian: <u>6</u>				
9. Field Name: <u>SOONER</u>		Field Code: <u>77700</u>					
<u>Completed Interval</u>							
FORMATION: <u>D SAND</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>12/17/2009</u>		Date of First Production this formation: <u>10/01/2010</u>					
Perforations Top: <u>6252</u>	Bottom: <u>6262</u>	No. Holes: <u>40</u>	Hole size: <u>40/100</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
WELL AS FRACED 50,000# OF PORPANT IN 765 BBLS OF GELLED WATER. TREATED AT 29 BBLS PER MINUTE ATP 2270 PSIG							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Test Information:</b>							
Date: <u>10/01/2010</u>	Hours: <u>24</u>	Bbls oil: <u>4</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>4</u>				
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____ GOR: _____				
Test Method: <u>ROD PUMPING</u>	Casing PSI: <u>8</u>	Tubing PSI: <u>0</u>	Choke Size: _____				
Gas Disposition: <u>VENTED</u>	Gas Type: <u>WET</u>	BTU Gas: <u>0</u>	API Gravity Oil: <u>0</u>				
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>							

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

Signed: \_\_\_\_\_ Print Name: BILL WARBURTON

Title: PETROLEUM ENGINEER Date: 12/15/2010 Email WLW@DOCCOLO.COM  
:

### **Attachment Check List**

Att Doc Num	Name
2591820	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	REC SUNDRY TO ADD D SAND	6/16/2011 1:05:23 PM
Permit	REQ SUNDRY TO ADD THE D SAND	6/15/2011 8:01:44 AM

Total: 2 comment(s)