

<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		DE ET OE ES
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  2591820
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: <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:
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**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: BILL WARBURTON

Title: PETROLEUM ENGINEER Date: 12/15/2010 Email WLW@DOCCOLO.COM  
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### **Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>
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)