

<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:  <div style="text-align: center; border: 1px solid black; padding: 5px;">                     1635113                 </div>
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>54380</u>	4. Contact Name: <u>DAIVD M. BLANDFORD</u>
2. Name of Operator: <u>MATRIX ENERGY LLC</u>	Phone: <u>(970) 247-1959</u>
3. Address: <u>1241 THOROUGHbred ROAD</u>	Fax: <u>(970) 247-2359</u>
City: <u>DURANGO</u> State: <u>CO</u> Zip: <u>81303</u>	

5. API Number <u>05-123-32231-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>MORO FARMS</u>	Well Number: <u>CNE-29</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>29</u> Township: <u>6N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

**Completed Interval**

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>03/11/2011</u>	Date of First Production this formation: <u>04/01/2011</u>
Perforations Top: <u>7228</u> Bottom: <u>7238</u>	No. Holes: <u>40</u> Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
FRAC'D CODELL WITH 3777 BBL SLICK WATER AND VISTAR 22 GEL WITH 250,740 # 40/70 SAND. ATP 4019 PSI. ATR 25.8 BPM. ISDP 3849 PSI.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>04/03/2011</u> Hours: <u>24</u> Bbls oil: <u>43</u> Mcf Gas: <u>305</u> Bbls H2O: <u>45</u>	
Calculated 24 hour rate:	Bbls oil: <u>43</u> Mcf Gas: <u>305</u> Bbls H2O: <u>45</u> GOR: <u>7093</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>800</u> Tubing PSI: _____ Choke Size: <u>12/64</u>
Gas Disposition: _____	Gas Type: _____ BTU Gas: <u>1297</u> API Gravity Oil: <u>54</u>
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; 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: DAVID M. BLANDFORD

Title: CO-MANAGER Date: 4/4/2011 Email ANDELEENERGY@GMAIL.COM  
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### **Attachment Check List**

Att Doc Num	Name
1635113	FORM 5A SUBMITTED
1635114	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	e-mailed operator requesting BTU/API info.	6/22/2011 10:39:26 AM
Data Entry	CHECK: BTU GAS IS A REQUIRED FIELD IF MCF GAS IS ENTERED. API GRAVITY OIL IS REQUIRED IF BBLs OIL IS ENTERED. 000 ENTERED FOR SUBMISSION.	5/12/2011 3:24:51 PM

Total: 2 comment(s)