


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-size: 1.2em;">1635117</div>	DE	ET	OE	ES				
DE	ET	OE	ES								
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.											
<table style="width: 100%;"> <tr> <td style="width: 50%;">1. OGCC Operator Number: <u>54380</u></td> <td style="width: 50%;">4. Contact Name: <u>DAVID M. BLANDFORD</u></td> </tr> <tr> <td>2. Name of Operator: <u>MATRIX ENERGY LLC</u></td> <td>Phone: <u>(970) 247-1959</u></td> </tr> <tr> <td>3. Address: <u>1241 THOROUGHbred ROAD</u></td> <td>Fax: <u>(970) 247-2359</u></td> </tr> <tr> <td>City: <u>DURANGO</u> State: <u>CO</u> Zip: <u>81303</u></td> <td></td> </tr> </table>				1. OGCC Operator Number: <u>54380</u>	4. Contact Name: <u>DAVID 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>	
1. OGCC Operator Number: <u>54380</u>	4. Contact Name: <u>DAVID 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>											
<table style="width: 100%;"> <tr> <td style="width: 50%;">5. API Number <u>05-123-32232-00</u></td> <td style="width: 50%;">6. County: <u>WELD</u></td> </tr> <tr> <td>7. Well Name: <u>MORO FARMS</u></td> <td>Well Number: <u>34-29</u></td> </tr> <tr> <td>8. Location: QtrQtr: <u>SWSE</u> Section: <u>29</u> Township: <u>6N</u> Range: <u>65W</u> Meridian: <u>6</u></td> <td></td> </tr> <tr> <td>9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u></td> <td></td> </tr> </table>				5. API Number <u>05-123-32232-00</u>	6. County: <u>WELD</u>	7. Well Name: <u>MORO FARMS</u>	Well Number: <u>34-29</u>	8. Location: QtrQtr: <u>SWSE</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>	
5. API Number <u>05-123-32232-00</u>	6. County: <u>WELD</u>										
7. Well Name: <u>MORO FARMS</u>	Well Number: <u>34-29</u>										
8. Location: QtrQtr: <u>SWSE</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>											
<u>Completed Interval</u>											
<table style="width: 100%;"> <tr> <td style="width: 50%;">FORMATION: <u>CODELL</u></td> <td style="width: 50%;">Status: <u>COMMINGLED</u></td> </tr> </table>				FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>						
FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>										
Treatment Date: <u>02/23/2011</u> Date of First Production this formation: <u>03/18/2011</u>											
Perforations Top: <u>7134</u> Bottom: <u>7140</u> No. Holes: <u>36</u> Hole size: <u>41/100</u>											
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
<div style="border: 1px solid black; padding: 2px;">FRAC'D CODELL WITH 4588 BBL SLICK WATER AND 154,200 # 40/70 SAND. ATP 4276 PSI. ATR 45.09 BPM. ISDP 3548 PSI.</div>											
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
Test Information:											
Date: <u>03/25/2011</u> Hours: <u>24</u> Bbls oil: <u>107</u> Mcf Gas: <u>490</u> Bbls H2O: <u>60</u>											
Calculated 24 hour rate: _____ Bbls oil: <u>107</u> Mcf Gas: <u>490</u> Bbls H2O: <u>60</u> GOR: <u>4579</u>											
Test Method: <u>FLOWING</u> Casing PSI: <u>500</u> Tubing PSI: _____ Choke Size: <u>12/64</u>											
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1239</u> API Gravity Oil: <u>52</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: _____											

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>02/23/2011</u>		Date of First Production this formation: <u>03/18/2011</u>	
Perforations	Top: <u>6838</u> Bottom: <u>7140</u>	No. Holes: <u>108</u>	Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 5px;">FRAC'D NIOBRARA WITH 5781 BBL SLICKWATER AND 204,680 # 40/70 SAND. ATP 4851. ATR 60.22 BPM. ISDP 3643 PSI. (TEST AND PRODUCTION COMMINGLED WITH CODELL ABOVE). FRAC'D CODELL WITH 4588 BBL SLICK WATER AND 154,200 # 40/70 SAND. ATP 4276 PSI. ATR 45.09 BPM. ISDP 3548 PSI.</div>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>03/25/2011</u>	Hours: <u>24</u>	Bbls oil: <u>107</u>	Mcf Gas: <u>490</u> Bbls H2O: <u>60</u>
Calculated 24 hour rate:		Bbls oil: <u>107</u>	Mcf Gas: <u>490</u> Bbls H2O: <u>60</u> GOR: <u>4579</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>500</u>	Tubing PSI: _____	Choke Size: <u>12/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1239</u>	API Gravity Oil: <u>52</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%;"></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: _____	

FORMATION: <u>NIOBRARA</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>02/23/2011</u>		Date of First Production this formation: <u>03/18/2011</u>	
Perforations	Top: <u>6838</u> Bottom: <u>6970</u>	No. Holes: <u>72</u>	Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 5px;">FRAC'D NIOBRARA WITH 5781 BBL SLICKWATER AND 204,680 # 40/70 SAND. ATP 4851. ATR 60.22 BPM. ISDP 3643 PSI. (TEST AND PRODUCTION COMMINGLED WITH CODELL ABOVE).</div>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: _____	Hours: <u>24</u>	Bbls oil: <u>107</u>	Mcf Gas: <u>490</u> Bbls H2O: <u>60</u>
Calculated 24 hour rate:		Bbls oil: <u>107</u>	Mcf Gas: <u>490</u> Bbls H2O: <u>60</u> GOR: <u>4579</u>
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____
Gas Disposition: _____	Gas Type: _____	BTU Gas: <u>1239</u>	API Gravity Oil: <u>52</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%;"></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:

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: 4/1/2011 Email ANDELEENERGY@GMAIL.COM
:

Attachment Check List

Att Doc Num	Name
1635117	FORM 5A SUBMITTED
1635118	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	e-mailed operator requesting BTU/API info and advised to report production as commingled NIOBRARA-CODELL to avoid future production report issues.	6/22/2011 12:55:08 PM
Data Entry	CHECK BTU GAS NEEDSW ENTRY IF MCF GAS IS ENTERED API GRAVITY OIL - NEED ENTRIES IF BBLs OIL ENTERED.	5/12/2011 3:42:41 PM

Total: 2 comment(s)