

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 05/16/2011 Date of First Production this formation: 01/26/1977

Perforations Top: 7944 Bottom: 7970 No. Holes: 52 Hole size: 0.38

Provide a brief summary of the formation treatment: _____ Open Hole:

SAND PLUG SET @ 7550.

This formation is commingled with another formation: Yes 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: _____

SAND PLUG SET @ 7550.

Date formation Abandoned: 05/16/2011 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7550 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/16/2011 Date of First Production this formation: _____

Perforations Top: 7226 Bottom: 7470 No. Holes: 99 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole:

REPERF NB (5/3/2011) 7226-7322 HOLES 48 SIZE .42 REPERF CD (5/3/2011) 7460-7470 HOLES 40 SIZE .42
Re-Frac Niobrara A & B & C down 2-7/8" Tbg w/ Pkr w/ 250 gal 15% HCl & 168,556 gal Super Z LpH Hybrid w/ 250,240# 20/40,
4,000# SB Excel.
Re-Frac Codell down 2-7/8" Tbg w/ Pkr w/ 123,493 gal Super Z LpH w/ 261,860# 20/40, 4,000# SB Excel.

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/23/2011 Hours: 24 Bbls oil: 4 Mcf Gas: 59 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 4 Mcf Gas: 59 Bbls H2O: 0 GOR: 14750

Test Method: FLOWING Casing PSI: 573 Tubing PSI: 385 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1243 API Gravity Oil: 54

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes 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: CARA MAHLER

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Director of COGCC

Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments**User Group****Comment****Comment Date**

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

Total: 0 comment(s)