

<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>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="text-align: center; font-size: 1.2em;">1633422</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>26625</u>	4. Contact Name: <u>AMY MACKEY</u>
2. Name of Operator: <u>ELM RIDGE EXPLORATION CO LLC</u>	Phone: <u>(505) 632-3476EXT201</u>
3. Address: <u>12225 GREENVILLE AVE STE 950</u>	Fax: <u>(505) 632-8151</u>
City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>95243</u>	

5. API Number <u>05-067-09534-00</u>	6. County: <u>LA PLATA</u>
7. Well Name: <u>IGE</u>	Well Number: <u>139</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>16</u> Township: <u>33N</u> Range: <u>8W</u> Meridian: <u>N</u>	
9. Field Name: <u>IGNACIO BLANCO</u> Field Code: <u>38300</u>	

Completed Interval

FORMATION: <u>FRUITLAND COAL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>12/02/2010</u>	Date of First Production this formation: <u>12/21/2010</u>
Perforations Top: <u>3385</u> Bottom: <u>3642</u>	No. Holes: <u>144</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
3500 gal 7 1/2" fe acid w/di hcl with iron seq and flowback surfactant in 36' of perms, totalof 97.2 gals per ft. 3628'-3642 gals; 3592'-3597' 490 gals 3466'-3476' 975 gals 3385' 3388' 3394' 3398' 680 gal,pumped 1500 gal of 7% acid w/double inhibitor, flowback surf, iron seq. 2486 mscf n 42264 gal 13 cp 70q delta 140,144187 gal 13 cp 70 delta w/sw 2004. 8 sks of 20/40 wi max bhc, coated 1987 sks w/sw.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>12/12/2010</u> Hours: <u>12</u> Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>1891</u>	
Calculated 24 hour rate:	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: <u>FLOWING</u>	Casing PSI: <u>300</u> Tubing PSI: <u>70</u> Choke Size: <u>3/8</u>
Gas Disposition: _____	Gas Type: <u>DRY</u> BTU Gas: <u>0</u> API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>3391</u> Tbg setting date: <u>12/12/2010</u> 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: _____

Comment: \_\_\_\_\_

**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: SHARLA BEMROSE

Title: ADMINISTRATIVE SPECIALIST Date: 1/26/2011 Email AMACKEY1@ELMRIDGE.NET  
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### **Attachment Check List**

Att Doc Num	Name
1633422	FORM 5A SUBMITTED
1633423	OPERATIONS SUMMARY
1633424	OTHER

Total Attach: 3 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Data Entry	GAS DISPOSITION DOES NOT OFFER SHUT IN ON PULL DOWN.	3/15/2011 10:16:52 AM

Total: 1 comment(s)