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

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Document Number: 400182647

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.

1. OGCC Operator Number: 10332
2. Name of Operator: PATARA OIL & GAS LLC
3. Address: 333 CLAY STREET, STE #3960
City: HOUSTON State: TX Zip: 77002
4. Contact Name: Danielle Gavito
Phone: (303) 820-4480
Fax: (303) 820-4124

5. API Number 05-113-06240-00
6. County: SAN MIGUEL
7. Well Name: ANDY'S MESA FEDERAL
Well Number: 66
8. Location: QtrQtr: NENE Section: 29 Township: 44N Range: 16W Meridian: N
9. Field Name: ANDY'S MESA Field Code: 2500

Completed Interval

FORMATION: CUTLER Status: COMMINGLED

Treatment Date: 10/13/2010 Date of First Production this formation: 10/22/2010

Perforations Top: 5725 Bottom: 6349 No. Holes: 2925 Hole size: 03/8

Provide a brief summary of the formation treatment: Open Hole: [X]

This formation is commingled with another formation: [X] Yes [ ] No

Test Information:

Date: 10/14/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 354 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 354 Bbls H2O: 126 GOR:

Test Method: flowing Casing PSI: 540 Tubing PSI: 76 Choke Size: 24/64

Gas Disposition: FLARED Gas Type: DRY BTU Gas: 1004 API Gravity Oil: 1

Tubing Size: 2 + 7/8 Tubing Setting Depth: 6904 Tbg setting date: 10/14/2010 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: Danielle Gavito

Title: Permit Agent Date: Email: danielle@banko1.com

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
400182665	WELLBORE DIAGRAM
400182669	OTHER

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)