


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="border: 1px solid black; padding: 5px; text-align: center;">2591300</div>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT							
<p>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.</p>							
1. OGCC Operator Number: <u>26625</u> 2. Name of Operator: <u>ELM RIDGE EXPLORATION CO LLC</u> 3. Address: <u>12225 GREENVILLE AVE STE 950</u> City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>95243</u>		4. Contact Name: <u>AMY MACKEY</u> Phone: <u>(505) 632-3476</u> Fax: <u>(505) 632-8151</u>					
5. API Number <u>05-067-09603-00</u> 7. Well Name: <u>IGW</u> 8. Location: QtrQtr: <u>NWSE</u> Section: <u>13</u> Township: <u>33N</u> 9. Field Name: <u>IGNACIO BLANCO</u> Field Code: <u>38300</u>		6. County: <u>LA PLATA</u> Well Number: <u>150</u> Range: <u>9W</u> Meridian: <u>N</u>					
<u>Completed Interval</u>							
FORMATION: <u>FRUITLAND COAL-MESAVERDE</u>		Status: <u>SHUT IN</u>					
Treatment Date: <u>09/24/2010</u>		Date of First Production this formation: _____					
Perforations Top: <u>2974</u> Bottom: <u>3371</u>	No. Holes: <u>132</u>	Hole size: <u>38/100</u>					
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
2400 GALLONS OF 7.5 FE ACID WITH IRON SEQ, DOUBLE INIBITOR LOSURF, PUMPED 1000 GALS OF 7.5% HF ACID, 1825 MSCF N2, 45775 GALLONS OF 13 CP 70Q DELATA WITH SWNT 1840 SKS OF 20/40 SAND.							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>10/20/2010</u> Hours: <u>23</u>	Bbls oil: _____	Mcf Gas: <u>590</u>	Bbls H2O: <u>92</u>				
Calculated 24 hour rate:	Bbls oil: <u>0</u>	Mcf Gas: <u>0</u>	Bbls H2O: <u>0</u> GOR: <u>0</u>				
Test Method: <u>FLOWING</u>	Casing PSI: <u>1050</u>	Tubing PSI: <u>375</u>	Choke Size: <u>1/2</u>				
Gas Disposition: <u>RE-INJECTED</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>969</u>	API Gravity Oil: <u>0</u>				
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>2961</u>	Tbg setting date: <u>10/08/2010</u>	Packer Depth: _____				
Reason for Non-Production:							
WAITING TO HOOK UP FACILITIES							
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: SHARLA BEMROSE

Title: ADMINISTRATIVE SPECIALIST Date: 11/15/2010 Email AMACKEY1@ELMRIDGE.NET
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Attachment Check List

Att Doc Num	Name
2591300	FORM 5A SUBMITTED
2591301	OPERATIONS SUMMARY
2591302	OPERATIONS SUMMARY
2591303	OTHER

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)