


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;">2592188</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>		4. Contact Name: <u>AMY MACKEY</u>					
2. Name of Operator: <u>ELM RIDGE EXPLORATION CO LLC</u>		Phone: <u>(505) 632-3476 X201</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>05-067-09568-00</u>		6. County: <u>LA PLATA</u>					
7. Well Name: <u>IGE</u>		Well Number: <u>128</u>					
8. Location: QtrQtr: <u>NWSW</u> Section: <u>9</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>					
<u>Completed Interval</u>							
FORMATION: <u>FRUITLAND COAL</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>11/04/2010</u>		Date of First Production this formation: <u>11/29/2001</u>					
Perforations Top: <u>3046</u> Bottom: <u>3182</u>		No. Holes: <u>120</u> Hole size: <u>38/100</u>					
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
PUMPED 3400 GALLONS OF 7 1/2% FE ACID WITH LOSURF DOUBLE INHIBITER, IRON SEQ FLOWBACK SURF AND CLAY STABELIZER. PUMPED 1500 GALLONS 7.5%/1.5% HF ACID WITH DOUBLE INHIBITER AND LOSURF 300D, PUMPED 2161 MSCF N2 PUMPED 52679 GALLONS OF 13CP70Q DELTA W/ SW, PUMPED 143493 GALLAONS OF 13CP 70Q140 W/SW. 2015 SKS OF 20/40 PRS W/ MAX BH SAND. 1945 SKS OF SW							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>11/15/2010</u> Hours: <u>24</u>		Bbls oil: <u> </u> Mcf Gas: <u> </u> Bbls H2O: <u> </u>					
Calculated 24 hour rate:		Bbls oil: <u>0</u> Mcf Gas: <u>470</u> Bbls H2O: <u>0</u> GOR: <u>0</u>					
Test Method: <u>FLOWING</u>		Casing PSI: <u>50</u> Tubing PSI: <u>200</u> Choke Size: <u>1/2</u>					
Gas Disposition: <u>SOLD</u>		Gas Type: <u>DRY</u> BTU Gas: <u>941</u> API Gravity Oil: <u>0</u>					
Tubing Size: <u> </u> Tubing Setting Depth: <u> </u>		Tbg setting date: <u> </u> Packer Depth: <u> </u>					
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>							
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u>					
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>					
Comment: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>							

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: SHRARLA BEMROSE

Title: ADMINISTRATIVE SPECIALIST Date: 11/30/2010 Email AMACKET1@ELMRIDGE.NET
:

Attachment Check List

Att Doc Num	Name
2592188	FORM 5A SUBMITTED
2592189	OPERATIONS SUMMARY
2592190	OPERATIONS SUMMARY
2592191	OTHER

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)