

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>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; font-weight: bold;">400182647</div>				

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

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

<u>Completed Interval</u>	
FORMATION: <u>CUTLER</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>10/13/2010</u>	Date of First Production this formation: <u>10/22/2010</u>
Perforations Top: <u>5725</u> Bottom: <u>6349</u>	No. Holes: <u>2925</u> Hole size: <u>03/8</u>
Provide a brief summary of the formation treatment:	Open Hole: <input checked="" type="checkbox"/>
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>10/14/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>354</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>354</u> Bbls H2O: <u>126</u> GOR: _____
Test Method: <u>flowing</u> Casing PSI: <u>540</u> Tubing PSI: <u>76</u> Choke Size: <u>24/64</u>	
Gas Disposition: <u>FLARED</u> Gas Type: <u>DRY</u> BTU Gas: <u>1004</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>6904</u> Tbg setting date: <u>10/14/2010</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:

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: 7/7/2011 Email danielle@banko1.com

Attachment Check List

Att Doc Num	Name
400182647	FORM 5A SUBMITTED
400182665	WELLBORE DIAGRAM
400182669	OTHER

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)