


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="text-align: center; font-weight: bold;">400182647</div>	DE	ET	OE	ES
DE	ET	OE	ES				
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: <u>10332</u> 2. Name of Operator: <u>PATARA OIL & GAS LLC</u> 3. Address: <u>333 CLAY STREET, STE #3960</u> City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u>		4. Contact Name: <u>Danielle Gavito</u> Phone: <u>(303) 820-4480</u> Fax: <u>(303) 820-4124</u>					
5. API Number <u>05-113-06240-00</u> 7. Well Name: <u>ANDY'S MESA FEDERAL</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>		6. County: <u>SAN MIGUEL</u> Well Number: <u>66</u>					
Completed Interval							
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: <u> </u>				
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: <u> </u>				
Reason for Non-Production:							
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%;"></div>							
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.							
Signed: <u> </u>		Print Name: <u>Danielle Gavito</u>					
Title: <u>Permit Agent</u>	Date: <u>7/7/2011</u>	Email <u>danielle@banko1.com</u>					

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)