


<b>FORM 5A</b>  Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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;">400177117</div>	DE	ET	OE	ES																					
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<b>COMPLETED INTERVAL REPORT</b>																												
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.																												
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Re-Perf Codell 6757-6765 (24 new holes) Original perf 6757-6765' (24 holes) Re-Frac'd Codell w/ 120 bbl Active Pad, 596 bbls of 26# pHaser pad, 2015 bbls of 26# pHaser, 217010# 20/40 , 8000 lbs 20/40 SB Excel																												
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																												
<b>Test Information:</b>																												
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Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____																									
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																												
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: _____																												

FORMATION: <u>NIOBARRA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: _____		Date of First Production this formation: <u>06/02/2011</u>			
Perforations	Top: <u>6492</u>	Bottom: <u>665</u>	No. Holes: <u>52</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Test Information:</b>					
Date: <u>06/13/2011</u>	Hours: <u>24</u>	Bbls oil: <u>24</u>	Mcf Gas: <u>71</u>	Bbls H2O: <u>10</u>	
Calculated 24 hour rate:		Bbls oil: <u>24</u>	Mcf Gas: <u>71</u>	Bbls H2O: <u>10</u>	GOR: <u>2958</u>
Test Method: <u>Flowing</u>	Casing PSI: _____	Tubing PSI: _____	Choke Size: <u>16/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1352</u>	API Gravity Oil: <u>46</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6744</u>	Tbg setting date: <u>06/14/2011</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: _____			

FORMATION: <u>NIOBARRA</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>05/13/2011</u>		Date of First Production this formation: _____			
Perforations	Top: <u>6492</u>	Bottom: <u>6594</u>	No. Holes: <u>28</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Perf Niobrara "A" 6492-6494' (4 holes), Niobrara "B" 6586'-6594' (24 holes) Frac'd Niobrara W/ , 120 bbl FE-1A pad, 1548 bbls of slickwater pad, 144 bbls of pHaser 20# pad, 2283 bbls 20# pHaser, 238600# 20/40, 12,000# 20/40 SB Excel					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Test Information:</b>					
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____		
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	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: _____
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**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

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

Signed: \_\_\_\_\_ Print Name: Jeff Glossa

Title: Sr Engineering Tech Date: 6/20/2011 Email jglossa@petd.com  
:

### **Attachment Check List**

Att Doc Num	Name
400177117	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)