


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;">400187398</div>	DE	ET	OE	ES																					
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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.																												
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Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>																												
<div style="border: 1px solid black; padding: 5px;"> Re-Perf Codell 6715-6723 (24 new holes) Re-Frac'd Codell w/ 119 bbl Active Pad, 721 bbls of 26# pHaser pad, 1689 bbls of 26# pHaser, 165000# 20/40, 8000# 20/40 SB Excel </div>																												
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																												
Test Information:																												
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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: _____																												

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: _____		Date of First Production this formation: _____	
Perforations	Top: <u>6453</u> Bottom: <u>6723</u>	No. Holes: <u>70</u>	Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 2px;">Original NB-CD perf'd 6553-6724 (18 holes)</div>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>06/30/2011</u>	Hours: <u>24</u>	Bbls oil: <u>20</u>	Mcf Gas: <u>81</u> Bbls H2O: <u>16</u>
Calculated 24 hour rate:		Bbls oil: <u>20</u>	Mcf Gas: <u>81</u> Bbls H2O: <u>16</u> GOR: <u>4050</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>630</u>	Tubing PSI: <u>575</u>	Choke Size: <u>16/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1358</u>	API Gravity Oil: <u>47</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6699</u>	Tbg setting date: <u>05/17/2011</u>	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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>NIOBRARA</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>04/27/2011</u>		Date of First Production this formation: _____	
Perforations	Top: <u>6453</u> Bottom: <u>6554</u>	No. Holes: <u>28</u>	Hole size: <u>27/64</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 2px;">Re-Perf Niobrara "A" 6453-6455' (4 holes), Niobrara "B" 6546-6554' (24 holes) Frac'd Niobrara W/ , 120 bbl FE-1A pad, 955 bbls of slickwater pad, 714 bbls of pHaser 24# pad, 2173 bbls 24# pHaser, 238000# 20/40, 12,000# 20/40 SB Excel</div>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:			
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: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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: _____	

Comment: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
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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: 7/20/2011 Email jglossa@petd.com
:

Attachment Check List

Att Doc Num	Name
400187398	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)