


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;">1636301</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>24461</u>		4. Contact Name: <u>BILL WARBURTON</u>					
2. Name of Operator: <u>DIVERSIFIED OPERATING CORPORATION</u>		Phone: <u>(303) 384-9611</u>					
3. Address: <u>15000 W 6TH AVE STE 102</u>		Fax: <u>(303) 384-9612</u>					
City: <u>GOLDEN</u>	State: <u>CO</u>	Zip: <u>80401</u>					
5. API Number <u>05-123-31744-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>HILLMAN</u>		Well Number: <u>9-1</u>					
8. Location: QtrQtr: <u>NENE</u>	Section: <u>9</u>	Township: <u>10N</u>	Range: <u>59W</u> Meridian: <u>6</u>				
9. Field Name: <u>PAWNEE BUTTES</u>		Field Code: <u>67680</u>					
<u>Completed Interval</u>							
FORMATION: <u>J SAND</u>		Status: <u>SHUT IN</u>					
Treatment Date: <u>12/08/2010</u>		Date of First Production this formation: _____					
Perforations Top: <u>7098</u>	Bottom: <u>7104</u>	No. Holes: <u>24</u>	Hole size: <u>40/100</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
SCOUR FRACED WITH 6000 LBS SAND IN 274 BBLS OF GELLED WATER.							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>04/15/2011</u>	Hours: <u>24</u>	Bbls oil: <u>2</u>	Mcf Gas: <u>80</u> Bbls H2O: <u>24</u>				
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____ GOR: _____				
Test Method: <u>PUMPING</u>	Casing PSI: <u>30</u>	Tubing PSI: <u>0</u>	Choke Size: _____				
Gas Disposition: <u>VENTED</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1280</u>	API Gravity Oil: <u>39</u>				
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____				
Reason for Non-Production:							
SI WAITING ON GAS SALES LINE.							
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>SUNDANCE</u>		Status: <u>ABANDONED COMPLETION</u>		
Treatment Date: _____		Date of First Production this formation: _____		
Perforations	Top: <u>7558</u>	Bottom: <u>7564</u>	No. Holes: <u>24</u>	Hole size: <u>40/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">WELL SWABBED DRY. NO SHOW OF HYDROCARBONS</div>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Test Information:				
Date: <u>12/02/2010</u>	Hours: <u>12</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>0</u>	Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____ GOR: _____
Test Method: <u>SWABBING</u>	Casing PSI: <u>0</u>	Tubing PSI: <u>0</u>	Choke Size: _____	
Gas Disposition: <u>VENTED</u>	Gas Type: <u>WET</u>	BTU Gas: <u>0</u>	API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7552</u>	Tbg setting date: <u>12/01/2010</u>	Packer Depth: <u>7552</u>	
Reason for Non-Production:				
<div style="border: 1px solid black; padding: 2px;">NO HYDROCARBONS PRESENT.</div>				
Date formation Abandoned: <u>12/03/2010</u>		Squeeze: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____	
Bridge Plug Depth: <u>7556</u>		Sacks cement on top: <u>2</u>		

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Signed: _____	Print Name: <u>BILL WARBURTON</u>
Title: <u>PETROLEUM ENGINEER</u>	Date: <u>5/16/2011</u> Email <u>wlw@doccolo.com</u>

Attachment Check List

Att Doc Num	Name
1636301	FORM 5A SUBMITTED
1636302	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Data Entry	SUNDANCE FORMATION: BTU GAS IS REQUIRED FIELD IF MCF GAS IS ENTERED. API GRAVITY OIL IS REQUIRED IF BBLs OIL IS ENTERED.	6/30/2011 12:36:23 PM

Total: 1 comment(s)