

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

Document Number: 2071284

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: 76840
2. Name of Operator: SCHNEIDER ENERGY SERVICES INC
3. Address: P O BOX 297
City: FORT MORGAN State: CO Zip: 80701
4. Contact Name: JEFF SCHNEIDER
Phone: (970) 867-9437
Fax: (970) 867-9137

5. API Number 05-087-08142-00
6. County: MORGAN
7. Well Name: SMITH
Well Number: 1
8. Location: QtrQtr: NWSE Section: 5 Township: 3N Range: 59W Meridian: 6
9. Field Name: LODESTONE Field Code: 50830

Completed Interval

FORMATION: J SAND Status: SHUT IN
Treatment Date: 01/23/2009 Date of First Production this formation: 01/24/2009
Perforations Top: 6154 Bottom: 6162 No. Holes: 45 Hole size: 3/8
Provide a brief summary of the formation treatment: Open Hole: []
PUMP 500 GAL 07% HCL ACID DISPLACED IN TO FORMATION.
This formation is commingled with another formation: [X] Yes [] No
Test Information:
Date: 01/24/2010 Hours: 3 Bbls oil: 0 Mcf Gas: 19 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 150 Bbls H2O: 0 GOR:
Test Method: FLARED Casing PSI: 0 Tubing PSI: 800 Choke Size: 14/64
Gas Disposition: FLARED Gas Type: WET BTU Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6150 Tbg setting date: 01/22/2009 Packer Depth: 6150
Reason for Non-Production:
NO GAS LINE
Date formation Abandoned: Squeeze: [] Yes [X] 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: NO NAME GIVEN
Title: NO TITLE GIVEN Date: 11/16/2010 Email: NO.EMAIL@GIVEN.COM

Attachment Check List

Att Doc Num	Name
2071284	FORM 5A SUBMITTED
2071288	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	per jeff S @schneider, all gas was flared, nothing tested, no BTU gas value	3/4/2011 8:17:52 AM
Permit	req btu gas	3/2/2011 8:31:16 AM

Total: 2 comment(s)