

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



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Document Number:

2591100

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: 25255 4. Contact Name: BEN CANTRALL
2. Name of Operator: DUKE GAS COMPANY LLC Phone: (970) 630-0385
3. Address: 22500 COUNTY RD 24 Fax: _____
City: VERNON State: CO Zip: 80755

5. API Number 05-125-11919-00 6. County: YUMA
7. Well Name: CANTRALL Well Number: 35-7
8. Location: QtrQtr: SWNE Section: 35 Township: 1S Range: 45W Meridian: 6
9. Field Name: DUKE Field Code: 18890

Completed Interval

FORMATION: NIOBRARA Status: WAITING ON COMPLETION

Treatment Date: 10/13/2010 Date of First Production this formation: _____
Perforations Top: 2170 Bottom: 2210 No. Holes: 160 Hole size: 37/100

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

PERFORATED THE NB W/4 HOLES PER FOOR FOR 40 FEET. 11/4/10 - WELL TREATED W/COMMINGLED CARBON DIOXIDE. STIMULTION USED 500 CWT OF DANIELS 16/30 AND 500 CWT 12/20 SAND 60 TON CARBON DIOXIDE. VENTED WELL WITH 3/4" CHOKE FOR 70 HOURS.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 11/04/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 2870 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: CHOKE Casing PSI: 198 Tubing PSI: _____ Choke Size: 48/64
Gas Disposition: VENTED Gas Type: _____ BTU Gas: 0 API Gravity Oil: 0
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ 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: BEN CANTRALL

Title: OWNER Date: 11/12/2010 Email: _____

Attachment Check List

Att Doc Num	Name
2591100	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)