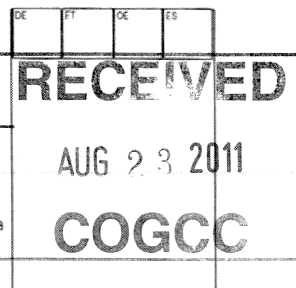


State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109



## 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: 69805	4. Contact Name: Mike Clark	Complete the Attachment Checklist
2. Name of Operator: Petrox Resources Inc.	Phone: 970-878-5594	
3. Address: P.O. Box 2600 City: Meeker State: CO Zip: 81641	Fax: 970-878-4489	
5. API Number: 05-007-06275	6. County: Archuleta	wellbore diagram <input checked="" type="checkbox"/>
7. Well Name: Lark 33-5	Well Number: #21-2	
8. Location (CtrQtr, Sec, Twp, Rng, Meridian): SWSW SEC 21 T33N,R5W		

FORMATION: FRLDC	Status: Shut In
Treatment Date: _____ Date of First Production this formation: _____	
Perforations Top: _____ Bottom: _____ No. Holes: _____ Hole size: _____	
Provide a brief summary of the formation treatment: _____ Open Hole <input checked="" type="checkbox"/>	
Horizontal with 4.5" slotted liner - no treatment	
This formation is commingled with another formation <input type="checkbox"/>	
Test Information:	
Date: 5/4/10	Hours: 8 Bbls oil: 0 Mcf Gas: 266 Bbls H <sub>2</sub> O: 20
Calculated 24 hour rate:	Bbls oil: 0 Mcf Gas: 800 Bbls H <sub>2</sub> O: 60 GOR: _____
Test Method: Flowing	Casing PSI: 450 Tubing PSI: 100 Choke size: open
Gas Disposition: Vented	Gas Type: Coal Gas BTU Gas: 910 API Gravity Oil: _____
Tubing Size: 2-3/8"	Tubing Setting Depth: 6125' Tbg setting date: 5/4/2010 Packer Depth: _____
Reason for Non-Production: waiting on pipeline	
Date formation Abandoned: _____ Squeezed <input type="checkbox"/> Yes <input type="checkbox"/> No If yes number of sacks cmt _____	
**Bridge Plug Depth: _____ **Sacks cement on top: _____ **Wireline and Cement Job Summaries must be attached	

FORMATION: _____	Status: _____
Treatment Date: _____ Date of First Production this formation: _____	
Perforations Top: _____ Bottom: _____ No. Holes: _____ 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"/>	
Test Information:	
Date: _____	Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H <sub>2</sub> O: _____
Calculated 24 hour rate:	Bbls oil: _____ Mcf Gas: _____ Bbls H <sub>2</sub> O: _____ 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: _____ Squeezed <input type="checkbox"/> Yes <input type="checkbox"/> No If yes number of sacks cmt _____	
**Bridge Plug Depth: _____ **Sacks cement on top: _____ **Wireline and Cement Job Summaries must be attached	

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

Print Name: Barbara J. Vaughn

Email: barb.petroxcom@gmail.com

Signature:

Title: Administrative Assistant Date: 02/03/2011