

**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



DE ET OE ES

Document Number:

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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.

1. OGCC Operator Number: 56565 4. Contact Name: Kim Brand  
2. Name of Operator: MERIT ENERGY COMPANY Phone: (972) 628-1023  
3. Address: 13727 NOEL ROAD STE 500 Fax: (972) 628-1323  
City: DALLAS State: TX Zip: 75240

5. API Number 05-123-24164-00 6. County: WELD  
7. Well Name: MCLEOD Well Number: 2-29B  
8. Location: QtrQtr: SESE Section: 29 Township: 4N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

**Completed Interval**

FORMATION: NIOBRARA-CODELL Status: PRODUCING  
Treatment Date: \_\_\_\_\_ Date of First Production this formation: 03/05/2007  
Perforations Top: 7062 Bottom: 7250 No. Holes: 378 Hole size: 0.42  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 03/05/2007 Hours: 24 Bbls oil: 0 Mcf Gas: 45 Bbls H2O: 0  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: 0 GOR: \_\_\_\_\_  
Test Method: flowing Casing PSI: 95 Tubing PSI: 90 Choke Size: 18/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: 58  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7367 Tbg setting date: 02/24/2007 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: Kim BrandTitle: Regulatory Analyst Date: \_\_\_\_\_ Email: kim.brand@meritenergy.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

**Attachment Check List**

| Att Doc Num | Name |
|-------------|------|
|             |      |

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)