

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:

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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: 90450
2. Name of Operator: TRUE OIL LLC
3. Address: P O BOX 2360
City: CASPER State: WY Zip: 82601
4. Contact Name: Erich Schmidt
Phone: (307) 266-0243
Fax: (307) 266-0252

5. API Number 05-107-06240-00
6. County: ROUTT
7. Well Name: Breeze Unit
Well Number: 23-15
8. Location: QtrQtr: NE SW Section: 15 Township: 6N Range: 89W Meridian: 6
9. Field Name: BREEZE BASIN Field Code: 7540

Completed Interval

FORMATION: NIOBRARA	Status: SHUT IN
Treatment Date: 09/04/2011	Date of First Production this formation: 02/28/2011
Perforations Top: 8621 Bottom: 9994	No. Holes: Hole size:
Provide a brief summary of the formation treatment:	Open Hole: <input checked="" type="checkbox"/>
Pump 200 bbl lease crude into open hole to attempt to improve productivity	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: 09/16/2011 Hours: 8	Bbls oil: 10 Mcf Gas: Bbls H2O: 1
Calculated 24 hour rate:	Bbls oil: 30 Mcf Gas: Bbls H2O: 2 GOR:
Test Method: swabbing	Casing PSI: 210 Tubing PSI: 0 Choke Size:
Gas Disposition: VENTED	Gas Type: WET BTU Gas: API Gravity Oil: 42
Tubing Size: 2 + 3/8	Tubing Setting Depth: 8585 Tbg setting date: 09/16/2011 Packer Depth:
Reason for Non-Production:	
currently testing to determine expected production and pump size required	
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:

Comment:

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

Signed: Print Name: Erich Schmidt

Title: Petroleum Engineer Date: Email: erich.schmidt@truecos.com

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

COGCC Approved: _____ Director of COGCC Date: _____

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)