

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:

400207205

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: 0 Mcf Gas: 45 Bbls H2O: 0 GOR: 0

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 Brand

Title: Regulatory Analyst Date: 9/21/2011 Email: kim.brand@meritenergy.com

Attachment Check List

Att Doc Num	Name
400207205	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)