

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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

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>

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