

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:

400135859

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: 57667 4. Contact Name: CLAYTON DOKE
2. Name of Operator: MINERAL RESOURCES, INC. Phone: (970) 669-7411
3. Address: PO BOX 328 Fax: (970) 669-4077
City: GREELEY State: CO Zip: 80632

5. API Number 05-123-31835-00 6. County: WELD
7. Well Name: MAIN Y3 Well Number: 6-8-31
8. Location: QtrQtr: SENW Section: 31 Township: 5N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 10/11/2010 Date of First Production this formation: _____
Perforations Top: 7842 Bottom: 7852 No. Holes: 40 Hole size: 4/10

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Frac'd CODL w/ 97,049 gal pHaserFrac, 21,957 gal FW (83,062 gal SLF) & 250,040# 30/50. ATP= 5030 psi, ATR= 48.1 BPM. TP,max= 5455 psi, TR,max= 50.1 BPM.

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ 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: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: 12/01/2010

Perforations Top: 7578 Bottom: 7852 No. Holes: 98 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 12/17/2010 Hours: 24 Bbls oil: 13 Mcf Gas: 113 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 13 Mcf Gas: 113 Bbls H2O: 0 GOR: 869

Test Method: FLOWING Casing PSI: 800 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1264 API Gravity Oil: 58

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 11/11/2010 Date of First Production this formation: _____

Perforations Top: 7578 Bottom: 7646 No. Holes: 48 Hole size: 21/50

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Frac'd NBRR "A" (7578'-7584') & NBRR "B" (7640'-7646') w/ 98,737 gal pHaserFrac, 115,746 gal FW (193,807 gal SLF) & 294,320# 30/50. ATP= 4718 psi, ATR= 51.3 BPM. TP,max= 5657 psi, TR,max= 61.9 BPM.

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ 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: _____ 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: CLAYTON DOKE

Title: ENGINEER Date: _____ Email: cdoke@petersonenergy.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)