

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:

2588185

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: 23320 4. Contact Name: JEFF REALE  
2. Name of Operator: DECLAR OIL & GAS INC Phone: (303) 947-1387  
3. Address: 13500 RD 'W' Fax: \_\_\_\_\_  
City: WELDONA State: CO Zip: 80653

5. API Number 05-123-30722-00 6. County: WELD  
7. Well Name: NELSON Well Number: 5-41  
8. Location: QtrQtr: NENE Section: 5 Township: 4N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 04/23/2011 Date of First Production this formation: 05/16/2011  
Perforations Top: 6964 Bottom: 6988 No. Holes: 96 Hole size: 23/100

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

TREAT WITH 4066 BBLS SLICKWATER AND 115,000 #s 30/50 SAND.

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

**Test Information:**

Date: 05/30/2011 Hours: 24 Bbls oil: 66 Mcf Gas: 170 Bbls H2O: 3  
Calculated 24 hour rate: Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
Test Method: FLOWING Casing PSI: 400 Tubing PSI: \_\_\_\_\_ Choke Size: 16/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1246 API Gravity Oil: 50  
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: JEFF REALE

Title: AGENT Date: 5/16/2011 Email: lam53@msn.com

### Attachment Check List

Att Doc Num	Name
2588185	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

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