

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



Table with 4 columns: DE, ET, OE, ES

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

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>

Total: 0 comment(s)