

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:

400125399

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: 10273  
2. Name of Operator: HRM RESOURCES LLC  
3. Address: 555 17TH STREET #950  
City: DENVER State: CO Zip: 80202  
4. Contact Name: CLAYTON DOKE  
Phone: (970) 669-7411  
Fax: (970) 669-4077

5. API Number 05-123-32238-00  
6. County: WELD  
7. Well Name: DUTTON  
Well Number: 4-2-22  
8. Location: QtrQtr: NWNW Section: 22 Township: 4N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 12/29/2010 Date of First Production this formation:  
Perforations Top: 7430 Bottom: 7440 No. Holes: 40 Hole size: 4/100

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

Frac'd 7430'-7440' w/ 124,593 gal fluid and 250,320# 20/40 sand (17,057 gal slick wtr, 107,536 gal xlink gel).

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: 02/17/2011

Perforations Top: 7143 Bottom: 7440 No. Holes: 176 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_

Open Hole: ☐This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 02/18/2011 Hours: 24 Bbls oil: 57 Mcf Gas: 120 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 57 Mcf Gas: 120 Bbls H2O: 0 GOR: 2105

Test Method: FLOWING Casing PSI: 2275 Tubing PSI: \_\_\_\_\_ Choke Size: 8/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1100 API Gravity Oil: 33

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: \_\_\_\_\_

Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7142 Bottom: 7312 No. Holes: 136 Hole size: 4/100

Provide a brief summary of the formation treatment: \_\_\_\_\_

Open Hole: ☐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: PETROLEUM ENGINEER Date: 9/29/2011 Email: cdoke@petersonenergy.com

### Attachment Check List

Att Doc Num	Name
400125399	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)