

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 columns DE, ET, OE, ES

COMPLETED INTERVAL REPORT

Document Number: 400125401

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 05-123-27111-00
6. County: WELD
7. Well Name: STROH
Well Number: 22-22
8. Location: QtrQtr: SENW Section: 22 Township: 4N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED
Treatment Date: 11/20/2010 Date of First Production this formation:
Perforations Top: 7218 Bottom: 7228 No. Holes: 40 Hole size: 4/100
Provide a brief summary of the formation treatment: Open Hole:
Frac'd 7218'-7728' w/ 120,000 gal fluid and 250,000# 30/50 sand (12,000 gal slick wtr, 107,000 gal xlink gel).
This formation is commingled with another formation: [X] 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: 12/22/2011

Perforations Top: 6924 Bottom: 7228 No. Holes: 192 Hole size: _____

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

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/29/2010 Hours: 24 Bbls oil: 34 Mcf Gas: 141 Bbls H2O: 6

Calculated 24 hour rate: _____ Bbls oil: 34 Mcf Gas: 141 Bbls H2O: 6 GOR: 4147

Test Method: FLOWING Casing PSI: 920 Tubing PSI: _____ Choke Size: 16/64

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: 11/20/2010 Date of First Production this formation: _____

Perforations Top: 6924 Bottom: 7110 No. Holes: 152 Hole size: 4/100

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

Frac'd NBRR A 6924-6930, NBRR B 6999-7005, NCRR C 7084-7110, w/ 53,820# 40/70 sand with 105,767 gals SLF, and 295,460# 30/50 sand with 96,831 gals SLF.

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
400125401	FORM 5A SUBMITTED
400209847	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)