

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:

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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: 3250
2. Name of Operator: ANTELOPE ENERGY COMPANY LLC
3. Address: P O BOX 577
City: KIMBALL State: NE Zip: 69145
4. Contact Name: Jodi Keeler
Phone: (308) 235-4661
Fax: (308) 235-4550

5. API Number 05-123-32490-00
6. County: WELD
7. Well Name: State Well Number: 9-61-16
8. Location: QtrQtr: SESE Section: 16 Township: 9N Range: 61W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL	Status: PRODUCING
Treatment Date: 07/12/2011	Date of First Production this formation: 09/28/2011
Perforations Top: 6717 Bottom: 6729	No. Holes: 48 Hole size: 42/100
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
125,000# sand in 2000 bbls gelled water.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: 10/10/2011 Hours: 24	Bbls oil: 4 Mcf Gas: 10 Bbls H2O: 3
Calculated 24 hour rate:	Bbls oil: 4 Mcf Gas: 10 Bbls H2O: 3 GOR:
Test Method: Pumping	Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: VENTED	Gas Type: WET BTU Gas: 1100 API Gravity Oil: 42
Tubing Size: 2 + 3/8	Tubing Setting Depth: 6707 Tbg setting date: 07/14/2011 Packer Depth:
Reason for Non-Production:	
Date formation Abandoned: Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt	
Bridge Plug Depth: Sacks cement on top:	

Comment:

Gas is being used on lease.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Jodi Keeler

Title: Production Manager Date: Email jodik@antelope-energy.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)