

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



DE ET OE ES

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

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:
125,000# sand in 2000 bbls gelled water.
 This formation is commingled with another formation: Yes 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: Yes 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)