

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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

Document Number:

400217661

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: KEOTA Field Code: 44350

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 [X] 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: 10/24/2011 Email jodik@antelope-energy.com

Attachment Check List

Att Doc Num	Name
400217661	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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