

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:

400213408

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: 16830  
2. Name of Operator: CHOLLA PRODUCTION LLC  
3. Address: 7851 S ELATI ST STE 201  
City: LITTLETON State: CO Zip: 80120  
4. Contact Name: Emily Hundley-Goff  
Phone: (303) 623-4565  
Fax: (303) 623-5062

5. API Number 05-009-06249-00  
6. County: BACA  
7. Well Name: BALDWIN  
Well Number: 1-18  
8. Location: QtrQtr: SW NE Section: 18 Township: 32S Range: 44W Meridian: 6  
9. Field Name: Field Code:

Completed Interval

FORMATION: Status:  
Treatment Date: Date of First Production this formation:  
Perforations Top: Bottom: No. Holes: Hole size:  
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:  
Submittal for P&A- Form 5 for the Baldwin #1-18, Baca Co., CO- Cholla Production, LLC

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.  
Signed: Print Name: Emily Hundley-Goff  
Title: Manager/Owner Date: 10/11/2011 Email: cholla\_production@msn.com

### Attachment Check List

Att Doc Num	Name
400213408	FORM 5A SUBMITTED
400213938	CEMENT JOB SUMMARY

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)