

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: 2285881

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: 54380
2. Name of Operator: MATRIX ENERGY LLC
3. Address: 1241 THOROUGHBRED ROAD
City: DURANGO State: CO Zip: 81303
4. Contact Name: DAVID M. BLANDFORD
Phone: (970) 247-1959
Fax: (970) 247-2359

5. API Number 05-123-32222-00
6. County: WELD
7. Well Name: MATRIX
Well Number: 23-29
8. Location: QtrQtr: SESW Section: 29 Township: 6N Range: 65W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 08/24/2011 Date of First Production this formation: 09/09/2011

Perforations Top: 7358 Bottom: 7368 No. Holes: 40 Hole size: 41/100

Provide a brief summary of the formation treatment: Open Hole: []

FRAC'D CODELL WITH 3702 BBLS VISTAR 22 GEL AND 250,180# 20/40 SAND. ATP 4034 PSI. ATR 25 B PM. ISDP 3925 PSI.

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 09/11/2011 Hours: 24 Bbls oil: 90 Mcf Gas: 352 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 90 Mcf Gas: 352 Bbls H2O: 0 GOR: 3911

Test Method: FLOWING Casing PSI: 800 Tubing PSI: Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: 53

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: FORM 5 DOC # 2285877

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

Signed: Print Name: DAVID M. BLANDFORD

Title: CO-MANAGER Date: 10/20/2011 Email ANDELEENERGY@GMAIL.COM

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2285881	FORM 5A SUBMITTED
2285882	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	CHECK - BTU GAS IS REQUIRED IF MCF GAS IS ENTERED.	12/12/2011 3:42:10 PM

Total: 1 comment(s)