

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:

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: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>08/24/2011</u>	Date of First Production this formation: <u>09/09/2011</u>
Perforations Top: <u>7358</u> Bottom: <u>7368</u>	No. Holes: <u>40</u> Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>	
<u>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.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>09/11/2011</u> Hours: <u>24</u> Bbls oil: <u>90</u> Mcf Gas: <u>352</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: _____ Bbls oil: <u>90</u> Mcf Gas: <u>352</u> Bbls H2O: <u>0</u> GOR: <u>3911</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>800</u> Tubing PSI: _____ Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1</u> API Gravity Oil: <u>53</u>	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____	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:

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

Att Doc Num	Name
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)