

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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COMPLETED INTERVAL REPORT

Document Number:

2285889

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

5. API Number <u>05-123-32223-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>MATRIX</u>	Well Number: <u>24-29</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>29</u> Township: <u>6N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

**Completed Interval**

FORMATION: CODELL Status: PRODUCING

Treatment Date: 08/25/2011 Date of First Production this formation: 09/09/2011

Perforations Top: 7114 Bottom: 7124 No. Holes: 40 Hole size: 41/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

FRAC'D CODELL WITH 3738 BBLs VISTAR 22 GEL AND 250,620# 20/40 SAND. ATP 3796 PPSI. ATR 25.7 BPM. ISDP 3749 PSI.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 09/12/2011 Hours: 24 Bbls oil: 130 Mcf Gas: 530 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 130 Mcf Gas: 530 Bbls H2O: 0 GOR: \_\_\_\_\_

Test Method: FLOWING Casing PSI: 730 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: \_\_\_\_\_

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 08/25/2011 Date of First Production this formation: 09/09/2011

Perforations Top: 6838 Bottom: 6970 No. Holes: 80 Hole size: 38/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

FRAC'D NIOBRARA WITH 2146 BBLs SLICK WATER AND 202,120 20/40 SAND. ATP 4518 PSI. ATR 44.9 BPM. ISDP 0.

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: \_\_\_\_\_  
FORM 5 DOCUMENT #2285887

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 ANDELEENERGY@GMAIL.COM

Email  
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**Attachment Check List**

Att Doc Num	Name
2285889	FORM 5A SUBMITTED
2285890	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Data Entry	BTU GAS IS A REQUIRED FIELD IF MCF GAS IS ENTERED.	12/14/2011 9:21:20 AM

Total: 1 comment(s)