

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:

2285889

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

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
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Treatment Date: <u>08/25/2011</u>	Date of First Production this formation: <u>09/09/2011</u>
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Perforations	Top: <u>7114</u>	Bottom: <u>7124</u>	No. Holes: <u>40</u>	Hole size: <u>41/100</u>
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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: <u>09/12/2011</u>	Hours: <u>24</u>	Bbls oil: <u>130</u>	Mcf Gas: <u>530</u>	Bbls H2O: <u>0</u>
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Calculated 24 hour rate:	Bbls oil: <u>130</u>	Mcf Gas: <u>530</u>	Bbls H2O: <u>0</u>	GOR: _____
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Test Method: <u>FLOWING</u>	Casing PSI: <u>730</u>	Tubing PSI: _____	Choke Size: <u>16/64</u>
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Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1</u>	API Gravity Oil: <u>53</u>
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Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
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Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
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Treatment Date: <u>08/25/2011</u>	Date of First Production this formation: <u>09/09/2011</u>
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Perforations	Top: <u>6838</u>	Bottom: <u>6970</u>	No. Holes: <u>80</u>	Hole size: <u>38/100</u>
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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: _____
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Calculated 24 hour rate:	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____
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Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____
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Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____
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Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
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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
:

Attachment Check List

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

Total Attach: 2 Files

General Comments

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

Total: 1 comment(s)