

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

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: 52530
2. Name of Operator: MAGPIE OPERATING, INC
3. Address: 2707 SOUTH COUNTY RD 11
City: LOVELAND State: CO Zip: 80537
4. Contact Name: Ryan Warner
Phone: (970) 6696308
Fax: (970) 6696396

5. API Number 05-069-06223-00
6. County: LARIMER
7. Well Name: WARD-BOYD-BROSE Well Number: 1
8. Location: QtrQtr: NWSW Section: 19 Township: 5N Range: 68W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 09/29/1984 Date of First Production this formation: 10/07/1984
Perforations Top: 4755 Bottom: 4747 No. Holes: 2 Hole size: 3 + 1/8

Provide a brief summary of the formation treatment: _____ Open Hole:

The Codell was perforated with two shots and acidized with 250 gallons 7 1/2% hcl. The Niobrara and Codell were fraced together 2452 bbls crosslinked water gel, 160 ton CO2, 316,000# 20/40 sand and 45,000# 10/20 sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/17/1984 Hours: 24 Bbls oil: 15 Mcf Gas: 30 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 15 Mcf Gas: 30 Bbls H2O: 0 GOR: 2000
Test Method: pumping Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: WET BTU Gas: 1325 API Gravity Oil: 36
Tubing Size: 2 + 3/8 Tubing Setting Depth: 4782 Tbg setting date: 10/15/1984 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:

Skaer Enterprises Inc. completed the Codell at the same time as the Niobrara in 1984 and production was comingled. This form completes the missing data.

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

Signed: _____ Print Name: Ryan Warner

Title: VP Date: _____ Email magpieoil@yahoo.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 0 comment(s)