

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:
400236001

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>10323</u>	4. Contact Name: <u>TIM HOPKINS</u>
2. Name of Operator: <u>ENTEK GRB LLC</u>	Phone: <u>(303) 282-4933</u>
3. Address: <u>535 16TH STREET #620</u>	Fax: <u>(866) 435-9424</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-081-07641-00</u>	6. County: <u>MOFFAT</u>
7. Well Name: <u>BATTLE MOUNTAIN FEDERAL</u>	Well Number: <u>14-10L</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>14</u> Township: <u>12N</u> Range: <u>89W</u> Meridian: <u>6</u>	
9. Field Name: <u>SLATER DOME</u> Field Code: <u>77551</u>	

Completed Interval

FORMATION: <u>FRONTIER</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>08/21/2011</u>	Date of First Production this formation: _____
Perforations Top: <u>7318</u> Bottom: <u>7347</u>	No. Holes: <u>39</u> Hole size: <u>3/8</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Frac w 1216 bbls treated fluid, 2500# mesh sand, 59,000# 20/40 sand</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>08/26/2011</u> Hours: <u>12</u> Bbls oil: <u>9</u> Mcf Gas: <u>45</u> Bbls H2O: <u>52</u>	
Calculated 24 hour rate:	Bbls oil: <u>18</u> Mcf Gas: <u>91</u> Bbls H2O: <u>104</u> GOR: <u>5055</u>
Test Method: <u>SWAB</u>	Casing PSI: <u>470</u> Tubing PSI: <u>200</u> Choke Size: _____
Gas Disposition: <u>FLARED</u>	Gas Type: <u>WET</u> BTU Gas: <u>1178</u> API Gravity Oil: <u>40</u>
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>7313</u>	Tbg setting date: <u>08/24/2011</u> Packer Depth: _____
Reason for Non-Production:	
<u>UPHOLE TESTING</u>	
Date formation Abandoned: <u>08/30/2011</u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7115</u>	Sacks cement on top: <u>0</u>

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>09/19/2011</u>	Date of First Production this formation: <u>12/09/2011</u>
Perforations Top: <u>6043</u> Bottom: <u>6958</u>	No. Holes: <u>342</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>6043'-6072' - Oil break down w 92 bbls, break at 3550 psi, ISIP 2840 psi, 11/19/2011</u> <u>6210'-6230' - Oil break down w 85 bbls, break at 3508 psi, ISIP 2711 psi, 11/19/2011</u> <u>6553'-6582' - Oil break down w 88 bbls, break at 5106 psi, ISIP 4565 psi, 11/19/2011</u> <u>6592'-6958' - Oil break down w 80 bbls, break at 4458 psi, ISIP 3430 psi, 11/19/2011</u> <u>6592'-6668' - Frac w 556 bbls treated fluid, 5000# 100 mesh sand, 19,880# 20/40 sand, 53 tons CO2, 10/8/2011</u> <u>6918'-6958' - Oil break down w 12 bbls at 4807 psi, Pressure Maxed out, 11/18/2011</u> <u>6918'-6948' - Frac w 1192 bbls treated fluid, 2300# 40/70 sand, frac screened out, 9/19/2011</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>12/22/2011</u> Hours: <u>24</u> Bbls oil: <u>10</u> Mcf Gas: <u>10</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate:	Bbls oil: <u>10</u> Mcf Gas: <u>10</u> Bbls H2O: <u>0</u> GOR: <u>1000</u>
Test Method: <u>ROD PUMP</u>	Casing PSI: <u>300</u> Tubing PSI: <u>20</u> Choke Size: _____
Gas Disposition: <u>FLARED</u>	Gas Type: <u>WET</u> BTU Gas: <u>1435</u> API Gravity Oil: <u>40</u>
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>6514</u>	Tbg setting date: <u>12/17/2011</u> 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:

PLEASE CONTACT MARK JOHNSON - MARK@BANKO1.COM IF YOU HAVE ANY QUESTIONS

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

Signed: _____

Print Name: KIMBERLY RODELL

Title: PERMIT AGENT

Date: _____

Email: KIM@BANKO1.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
400246263	WELLBORE DIAGRAM
400246264	COMPLETED INTERVAL REPORT
400246265	COMPLETED INTERVAL REPORT
400246266	COMPLETED INTERVAL REPORT
400246267	COMPLETED INTERVAL REPORT

Total Attach: 5 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)