

**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: <u>10295</u>	4. Contact Name: <u>Harvey Greenwood</u>
2. Name of Operator: <u>LONE STAR LLC</u>	Phone: <u>(720) 3785120</u>
3. Address: <u>6650 W SAM HOUSTON PKWY N #450</u>	Fax: <u>(303) 6516219</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77041</u>	

5. API Number <u>05-123-30367-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>LSWD</u>	Well Number: <u>#1</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>18</u> Township: <u>3N</u> Range: <u>64W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: COUNCIL GROVE Status: WAITING ON COMPLETION

Treatment Date: _____ Date of First Production this formation: _____
Perforations Top: 9540 Bottom: 9560 No. Holes: 80 Hole size: 6/10

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

n/a

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: _____

FORMATION: LYONS Status: WAITING ON COMPLETION

Treatment Date: _____ Date of First Production this formation: _____
Perforations Top: 8742 Bottom: 8898 No. Holes: 624 Hole size: 6/10

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

n/a

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: 3.5 Tubing Setting Depth: 8666 Tbg setting date: 02/16/2012 Packer Depth: 8666

Reason for Non-Production: _____

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

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment: _____

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

Signed: _____ Print Name: Fabrianna Venaducci

Title: Contract Landman Date: 3/12/2012 fabrianna@jameskaro.com

Email
:

Attachment Check List

Att Doc Num	Name
400259359	FORM 5A SUBMITTED
400259362	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)