

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:
400260747

Date Received:

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: 10323 4. Contact Name: TIM HOPKINS
 2. Name of Operator: ENTEK GRB LLC Phone: (303) 282-4933
 3. Address: 535 16TH STREET #620 Fax: (303) 4359424
 City: DENVER State: CO Zip: 80202

5. API Number 05-081-07457-00 6. County: MOFFAT
 7. Well Name: ROBIDOUX Well Number: 13-15T
 8. Location: QtrQtr: SWSE Section: 13 Township: 12N Range: 89W Meridian: 6
 9. Field Name: SLATER DOME Field Code: 77551

Completed Interval

FORMATION: DEEP CREEK SAND Status: SHUT IN

Treatment Date: 05/18/2011 Date of First Production this formation: _____

Perforations Top: 2552 Bottom: 2557 No. Holes: 15 Hole size: _____

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

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: 2 + 7/8 Tubing Setting Depth: 2590 Tbg setting date: 06/10/2011 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: MANCOS A Status: PLUGGED AND ABANDONED

Treatment Date: 10/28/2010 Date of First Production this formation: _____

Perforations Top: 3670 Bottom: 3882 No. Holes: 72 Hole size: _____

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

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:

NO SHOW

Date formation Abandoned: 05/05/2011 Squeeze: Yes No If yes, number of sacks cmt 60

Bridge Plug Depth: 3620 Sacks cement on top: 20

FORMATION: MANCOS B Status: TEMPORARILY ABANDONED

Treatment Date: 05/10/2011 Date of First Production this formation: _____

Perforations Top: 3384 Bottom: 3392 No. Holes: 24 Hole size: _____

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

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:

WATER

Date formation Abandoned: 05/12/2011 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 3300 Sacks cement on top: 10

FORMATION: MORAPOS Status: TEMPORARILY ABANDONED

Treatment Date: 05/12/2011 Date of First Production this formation: _____
Perforations Top: 3140 Bottom: 3148 No. Holes: 24 Hole size: _____

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

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: _____

NO SHOW

Date formation Abandoned: 05/17/2011 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 2877 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

Attachment Check List

Att Doc Num	Name
400260799	WELLBORE DIAGRAM
400260800	CEMENT JOB SUMMARY
400260802	CEMENT JOB SUMMARY

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)