

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:

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Date Received:

01/06/2012

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 BLANDFORD  
Phone: (970) 247-1959  
Fax: (970) 247-2359

5. API Number 05-123-33762-00  
6. County: WELD  
7. Well Name: KUETTEL  
Well Number: 14-10-25  
8. Location: QtrQtr: SWSW Section: 10 Township: 5N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 09/23/2011 Date of First Production this formation: 11/17/2011  
Perforations Top: 7176 Bottom: 7186 No. Holes: 40 Hole size: 41/100

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

FRAC'D WITH 3713 BBLS SLICK WATER AND VISTAR 22 GEL AND 250280# SAND. ATP 4152 PSI. ATP 26.9 BPM. ISDP 3624 PSI.

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date: 11/19/2011 Hours: 24 Bbls oil: 75 Mcf Gas: 518 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 75 Mcf Gas: 518 Bbls H2O: 0 GOR: 6907  
Test Method: FLOWING Casing PSI: 2140 Tubing PSI:          Choke Size: 12/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1303 API Gravity Oil: 55  
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:         

Comment:

        

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 BLANDOFRD

Title: CO-MANAGER Date: 1/3/2012 Email ANDELEENERGY@GMAIL.COM

### Attachment Check List

Att Doc Num	Name
2286757	FORM 5A SUBMITTED
2286758	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)