

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:
400264197

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: 22400 4. Contact Name: Jeff Reale
 2. Name of Operator: DJ PRODUCTION SERVICES INC Phone: (303) 947-1387
 3. Address: 1273 FALCON COURT Fax: (970) 667-0046
 City: WINDSOR State: CO Zip: 80550

5. API Number 05-123-30720-00 6. County: WELD
 7. Well Name: Nelson Well Number: 5-32
 8. Location: QtrQtr: SWNE Section: 5 Township: 4N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 11/13/2011 Date of First Production this formation: 12/11/2011

Perforations Top: 6982 Bottom: 7004 No. Holes: 48 Hole size: 0.32

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

Frac Codell w/ 4117 bbls slickwater & 115,000# 30/50 sand, spearhead 500 bbls 7% kcl water ahead of frac.

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/13/2011 Hours: 24 Bbls oil: 87 Mcf Gas: 161 Bbls H2O: 21

Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: Flowing Casing PSI: 225 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1260 API Gravity Oil: 48

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: NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: _____ Date of First Production this formation: 03/16/2012

Perforations Top: 6690 Bottom: 7004 No. Holes: 317 Hole size: 0.38

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

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: 24 Bbls oil: 73 Mcf Gas: 104 Bbls H2O: 13

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: Plunger lift Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1260 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6970 Tbg setting date: 03/15/2012 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: NIOBRARA Status: PRODUCING

Treatment Date: 01/27/2012 Date of First Production this formation: 01/29/2012

Perforations Top: 6690 Bottom: 6910 No. Holes: 296 Hole size: 0.32

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

Frac Niobrara w/ 5984 bbls slickwater & 200,250# 40/70 sand & 4000# 20/40 resin coat. Spearhead 12 bbls 15% hcl & 500 bbls 7% kcl ahead of frac.

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/31/2012 Hours: 24 Bbls oil: 190 Mcf Gas: 207 Bbls H2O: 120

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: Flowing Casing PSI: 1200 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1260 API Gravity Oil: 46

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: Jeff Reale

Title: Agent Date: _____ Email: lam53@msn.com

Attachment Check List

Att Doc Num	Name
400275410	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)