

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



DE ET OE ES

Document Number:

2287845

Date Received:

03/07/2012

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: 69760 4. Contact Name: JIM WALKER
 2. Name of Operator: PETRON DEVELOPMENT COMPANY Phone: (303) 794-5300
 3. Address: 1899 W LITTLETON BLVD Fax: (303) 794-5356
 City: LITTLETON State: CO Zip: 80120

5. API Number 05-125-12058-00 6. County: YUMA
 7. Well Name: Ward Well Number: 3-17
 8. Location: QtrQtr: NESW Section: 17 Township: 3N Range: 46W Meridian: 6
 9. Field Name: BUCKBOARD Field Code: 7680

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 02/09/2012 Date of First Production this formation: 03/01/2012

Perforations Top: 2684 Bottom: 2706 No. Holes: 66 Hole size: 40/100

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

FRAC WITH 709 BBLS WATER, 60 TONS CO2, 100080 LBS. SAND.

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/14/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 82 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 82 Bbls H2O: 0 GOR: _____

Test Method: FLOWING Casing PSI: 75 Tubing PSI: _____ Choke Size: _____

Gas Disposition: VENTED Gas Type: DRY BTU Gas: 1000 API Gravity Oil: 0

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:
FORM 5 DOC#2287843

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

Signed: _____ Print Name: JIM WALKER

Title: SEC./TREAS. Date: 3/1/2012 Email: JIM@PETRON.NET

Attachment Check List

Att Doc Num	Name
2287845	FORM 5A SUBMITTED
2287846	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)