

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



Table with columns DE, ET, OE, ES

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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: 60890
2. Name of Operator: MOUNTAIN PETROLEUM CORP
3. Address: 1801 BROADWAY STE 1250
City: DENVER State: CO Zip: 80202
4. Contact Name: STEVE MATRE
Phone: (303) 296-1500
Fax: (303) 296-2029

5. API Number 05-073-06213-00
6. County: LINCOLN
7. Well Name: KINZIE ET AL
Well Number: 1-4
8. Location: QtrQtr: NESW Section: 4 Township: 15S Range: 52W Meridian: 6
9. Field Name: DOUBLE TAKE Field Code: 17520

Completed Interval

FORMATION: MARMATON Status: PRODUCING
Treatment Date: 09/29/2011 Date of First Production this formation: 10/21/2011
Perforations Top: 5399 Bottom: 5405 No. Holes: 24 Hole size: 38/100
Provide a brief summary of the formation treatment: Open Hole: []
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 10/21/2011 Hours: 24 Bbls oil: 19 Mcf Gas: 0 Bbls H2O: 2
Calculated 24 hour rate: Bbls oil: 19 Mcf Gas: 0 Bbls H2O: 2 GOR:
Test Method: PUMP Casing PSI: 50 Tubing PSI: 30 Choke Size:
Gas Disposition: Gas Type: BTU Gas: 0 API Gravity Oil: 36
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5440 Tbg setting date: 09/30/2011 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:

Comment: FORM 4 DOC#2287245

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: Print Name: STEVE MATRE
Title: VICE PRESIDENT Date: 2/1/2012 Email: MATRESR@QWESTOFFICE.NET

Attachment Check List

Att Doc Num	Name
2287247	FORM 5A SUBMITTED
2287248	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Corrected per opr 4/23/2012: we reported a 24 hr. test, and therefore the same 24 hr. calculated rates, of 19 bbls of oil and 2 bbls of water. I note the form below shows 2 mcf instead of 2 bbls of water for the 24 hr. test.	4/24/2012 12:48:15 PM
Data Entry	BTU GAS IS REQUIRED FIELD IF MCF GAS IS ENTERED.	3/5/2012 11:10:55 AM

Total: 2 comment(s)