

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

Document Number: 1638175

Date Received: 04/19/2012

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: 65110
2. Name of Operator: O'BRIEN ENERGY RESOURCES CORP
3. Address: 18 CONGRESS ST STE 207
City: PORTSMOUTH State: NH Zip: 3801-
4. Contact Name: JOSEPH FORMA
Phone: (603) 427-2099
Fax: (603) 427-2499

5. API Number 05-123-21237-00
6. County: WELD
7. Well Name: NORTH LOST CREEK
Well Number: 11
8. Location: QtrQtr: SWSE Section: 17 Township: 3N Range: 62W Meridian: 6
9. Field Name: PEACOCK Field Code: 67955

Completed Interval

FORMATION: J SAND Status: INJECTING

Treatment Date: 02/24/2003 Date of First Production this formation: 07/01/2008

Perforations Top: 6828 Bottom: 6833 No. Holes: 20 Hole size:

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

22160# 20/40 OTTOWA SD XL GELLED WATER FRAC 349 BBL H2O

This formation is commingled with another formation: [] Yes [X] 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:

[]

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: JOSEPH FORMA

Title: VICE PRESIDENT Date: 4/19/2012 Email: JOEOBENERGY@AOL.COM

Attachment Check List

Att Doc Num	Name
1638175	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)