

FORM  
5A

Rev  
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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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: 68710  
2. Name of Operator: PETERSON ENERGY OPERATING INC  
3. Address: 2154 W EISENHOWER BLVD  
City: LOVELAND State: CO Zip: 80537  
4. Contact Name: CLAYTON DOKE  
Phone: (970) 669-7411  
Fax: (970) 669-4077

5. API Number 05-123-34002-00  
6. County: WELD  
7. Well Name: 392 VENTURES  
Well Number: 22AD  
8. Location: QtrQtr: SENW Section: 22 Township: 6N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

**Completed Interval**

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>03/02/2012</u>	Date of First Production this formation: <u>03/21/2012</u>
Perforations Top: <u>7290</u> Bottom: <u>7302</u>	No. Holes: <u>48</u> Hole size: <u>042/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>199,411 gal slickwater containing 121,538# 30/50 sand</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>03/21/2012</u> Hours: <u>24</u> Bbls oil: <u>33</u> Mcf Gas: <u>30</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>33</u> Mcf Gas: <u>30</u> Bbls H2O: <u>0</u> GOR: <u>907</u>	
Test Method: <u>Flowing</u> Casing PSI: <u>262</u> Tubing PSI: <u></u> Choke Size: <u></u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1284</u> API Gravity Oil: <u>44</u>	
Tubing Size: <u></u> Tubing Setting Depth: <u></u> Tbg setting date: <u></u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

Comment:

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

Signed:  Print Name: CLAYTONDOKE

Title: PETROLEUM ENGINEER Date:  Email: cdoke@petersonenergy.com

### Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

### General Comments

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

Total: 0 comment(s)