

**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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Document Number:
400290109

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: <u>22400</u>	4. Contact Name: <u>Jeff Reale</u>
2. Name of Operator: <u>DJ PRODUCTION SERVICES INC</u>	Phone: <u>(970) 669-1338</u>
3. Address: <u>1273 FALCON COURT</u>	Fax: <u>(970) 667-0046</u>
City: <u>WINDSOR</u> State: <u>CO</u> Zip: <u>80550</u>	

5. API Number <u>05-123-30722-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>NELSON</u>	Well Number: <u>5-41</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>5</u> Township: <u>4N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>JOHNSTOWN</u> Field Code: <u>42600</u>	

Completed Interval

FORMATION: NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 12/06/2011 Date of First Production this formation: 12/06/2011

Perforations Top: 6650 Bottom: 6988 No. Holes: 288 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: 12/16/2011 Hours: 24 Bbls oil: 42 Mcf Gas: 70 Bbls H2O: 36

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 600

Test Method: Flowing Casing PSI: 400 Tubing PSI: 900 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1292 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6640 Tbg setting date: 12/06/2011 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: _____

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 10/01/2011 Date of First Production this formation: 10/02/2011

Perforations Top: 6650 Bottom: 6858 No. Holes: 192 Hole size: 0.38

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

Frac Niobrara w/ 5898 bbls slickwater & 200,250#s 40/70 sand, spearhead 500 bbls 7% kcl ahead of frac.

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/03/2011 Hours: 24 Bbls oil: 39 Mcf Gas: 83 Bbls H2O: 7

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 470

Test Method: Flowing Casing PSI: 300 Tubing PSI: _____ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1292 API Gravity Oil: 47

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
400290546	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)