

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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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: 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 05-123-34137-00 6. County: WELD 7. Well Name: 392 VENTURES Well Number: 22JD 8. Location: QtrQtr: SENW Section: 22 Township: 6N Range: 67W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: Treatment Date: 03/02/2012 End Date: Date of First Production this formation: 03/21/2012 Perforations Top: 7511 Bottom: 7523 No. Holes: 48 Hole size: 042/100

Provide a brief summary of the formation treatment:

Open Hole: []

202,629 gal slickwater containing 120,981# 30/50 sand

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Max frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/21/2012 Hours: 24 Bbl oil: 99 Mcf Gas: 4 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 99 Mcf Gas: 4 Bbl H2O: 0 GOR: 40 Test Method: Flowing Casing PSI: 1100 Tubing PSI: Choke Size: 06/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1281 API Gravity Oil: 44 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: ** Wireline and Cement Job Summary must be attached.

Comment:

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

Signed: _____ Print Name: CLAYTON DOKE

Title: PETROLEUM ENGINEER Date: 5/23/2012 Email: cdoke@petersonenergy.com
:

Attachment Check List

Att Doc Num	Name
400283905	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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