

<b>FORM 5A</b> Rev 06/12	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number: 400973072  Date Received:				
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>10323</u> 2. Name of Operator: <u>ENTEK GRB LLC</u> 3. Address: <u>165 SOUTH UNION #366</u> City: <u>LAKEWOOD</u> State: <u>CO</u> Zip: <u>80228</u>	4. Contact Name: <u>Kristen Stocks</u> Phone: <u>(307) 200-1930</u> Fax: _____ Email: <u>kstocks@entekenergy.com</u>
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5. API Number <u>05-107-06233-00</u> 7. Well Name: <u>BATTLE MOUNTAIN</u> 8. Location: QtrQtr: <u>SWSW</u> Section: <u>18</u> Township: <u>12N</u> 9. Field Name: <u>SLATER DOME</u> Field Code: <u>77551</u>	6. County: <u>ROUTT</u> Well Number: <u>18-5</u> Range: <u>88W</u> Meridian: <u>6</u>
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**Completed Interval**

FORMATION: <u>ILES</u>	Status: <u>TEMPORARILY ABANDONED</u>	Treatment Type: _____
Treatment Date: <u>02/19/2008</u>	End Date: <u>02/28/2008</u>	Date of First Production this formation: _____
Perforations Top: <u>1982</u>	Bottom: <u>2116</u>	No. Holes: <u>102</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: _____	Min 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: <input type="checkbox"/>	
Reason why green completion not utilized: _____		

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: _____	Hours: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____
Calculated 24 hour rate:	Bbl oil: _____	Mcf Gas: _____	Bbl 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: <span style="border: 1px solid black; padding: 2px;">Not economically viable.</span>				
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
** Bridge Plug Depth: _____	** Sacks cement on top: _____	** Wireline and Cement Job Summary must be attached.		

Comment:

Continued Temporarily Abandoned status is requested due to gas economics. Future plans are dependent on gas prices and additional gas in the line to warrant compression expenses. The well is closed to the atmosphere by method of the flanged wellhead that is installed on this wellbore.

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

Signed: \_\_\_\_\_ Print Name: Andrea Gross

Title: Permit Agent Date: \_\_\_\_\_ Email: agross@upstreampm.com  
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### **Attachment Check List**

**Att Doc Num**      **Name**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>

Total Attach: 0 Files

### **General Comments**

**User Group**      **Comment**      **Comment Date**

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

Total: 0 comment(s)