

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: 57667
2. Name of Operator: MINERAL RESOURCES, INC.
3. Address: PO BOX 328 ATTN: ARLO L. City: GREELEY State: CO Zip: 80632
4. Contact Name: COLLIN RICHARDSON Phone: (970) 352-9446 Fax: (970) 339-8321 Email:

5. API Number 05-123-22870-00
6. County: WELD
7. Well Name: GREELEY INDUSTRIAL SOUTH Well Number: B9
8. Location: QtrQtr: NENE Section: 20 Township: 5N Range: 65W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type:
Treatment Date: 12/04/2009 End Date: Date of First Production this formation:
Perforations Top: 7260 Bottom: 7577 No. Holes: 400 Hole size: 42/100
Provide a brief summary of the formation treatment: Open Hole:
This formation is commingled with another formation: Yes 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:
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/18/2009 Hours: 24 Bbl oil: 15 Mcf Gas: 255 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 15 Mcf Gas: 255 Bbl H2O: 0 GOR: 17000
Test Method: FLOWING Casing PSI: 1850 Tubing PSI: Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1274 API Gravity Oil: 62
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7516 Tbg setting date: 01/21/2010 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:

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

Signed: Y

Print Name: ANDY PETERSON

Title: CONSULTANT

Date: 3/8/2010

Email: ANDY.PETERSON@PETERSONENERGY.CO

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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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