

State of Colorado  
Oil and Gas Conservation Commission



FOR OGCC USE ONLY  
**RECEIVED**  
MAY 28 2003  
01200026

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

**COMPLETED INTERVAL REPORT**

This form is to be submitted or updated each time a new formation is completed or abandoned. This form shall be transmitted within (30) days of work. Additional information is found under Rule 308. Complete a section for each formation completed or recompleted including all attempted completions. Attach as many pages as required to fully describe the work.

**Complete the Attachment Checklist**

	Oper	OGCC
Wellbore Diagram		
Site Facility Diagram		

1. OGCC Operator Number: <u>56565</u>	4. Contact Name and Telephone <u>Lynne Moon</u>
2. Name of Operator: <u>Merit Energy Company</u>	No: <u>972-628-1569</u>
3. Address: <u>13727 Noel Rd, Suite 500</u>	Fax: <u>972-960-1252</u>
City: <u>Dallas</u> State: <u>TX</u> Zip: <u>75240</u>	
5. API Number: <u>05-123-21354</u>	6. County: <u>Weld</u>
7. Well Name: <u>Totems</u>	Well Number: <u>34-24</u>
8. Location (QtrQtr, Sec, Twp, Rng, Meridian) <u>SW SE Sec. 24-T1N-R68W</u>	

List in order of completion:

<b>FORMATION: JSND</b>	<input type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input checked="" type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top <u>8298'</u>	Bottom <u>8326'</u>	No. Holes: <u>84</u>	Size:	Open Hole Completion (check if yes) <input type="checkbox"/>

Formation Treatment Describe:  
Frac w/149,236 gals. Frac fluid + 450,320# 20/40 sand.

Test Information Date:	Hours:	Bbls Oil:	MCF Gas:	Bbls H <sub>2</sub> O:
Production Test Method:	Casing Pressure:	Flowing Tubing Pressure:	Choke Size:	
API Gravity Oil: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> Dry	<input type="checkbox"/> CO <sub>2</sub> <input type="checkbox"/> Coal Gas	<input type="checkbox"/> Helium <input type="checkbox"/> Other:
Calculated 24 Hr. Rate	Bbls Oil: <u>#DIV/0!</u>	MCF Gas: <u>#DIV/0!</u>	Bbls H <sub>2</sub> O: <u>#DIV/0!</u>	GOR: <u>#DIV/0!</u>

Production Method:

Tubing Size: <u>2-3/8"</u>	Setting Depth: <u>8244'</u>	Packer Depth:
Reason for Non-Production: <u>Shut-in for Pressure Build-Up</u>		
Abandonment of Zone Date:	Squeezed: <input type="checkbox"/> Y <input type="checkbox"/> N	Sacks Cement:
Bridge Plug Depth:	Sacks Cement on Top:	

<b>FORMATION:</b>	<input type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top	Bottom	No. Holes:	Size:	Open Hole Completion (check if yes) <input type="checkbox"/>

Formation Treatment Describe:

Test Information Date:	Hours:	Bbls Oil:	MCF Gas:	Bbls H <sub>2</sub> O:
Production Test Method:	Casing Pressure:	Flowing Tubing Pressure:	Choke Size:	
API Gravity Oil: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> Dry	<input type="checkbox"/> CO <sub>2</sub> <input type="checkbox"/> Coal Gas	<input type="checkbox"/> Helium <input type="checkbox"/> Other:
Calculated 24 Hr. Rate	Bbls Oil:	MCF Gas:	Bbls H <sub>2</sub> O:	GOR:

Production Method:

Tubing Size:	Setting Depth:	Packer Depth:
Reason for Non-Production:		
Abandonment of Zone Date:	Squeezed: <input type="checkbox"/> Y <input type="checkbox"/> N	Sacks Cement:
Bridge Plug Depth:	Sacks Cement on Top:	

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

Print Name: Lynne Moon  
Signed: Lynne Moon Title: Sr. Regulatory Analyst Date: 07/18/03