



State of Colorado  
Conservation Commission

r, Colorado 80203 (303)894-2100 Fax (303)894-2109

INTERVAL REPORT

FOR OGCC USE ONLY

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SEP 20 2001

COGCC

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

Operator OGCC

1. OGCC Operator Number: <u>41385</u>		4. Contact Name & Phone <u>Elaine Winick</u>	Wellbore Diagram		
2. Name of Operator <u>HS Resources, Inc.</u>			Site Facility Diagram		
3. Address: <u>3939 Carson Avenue</u>		No: <u>970-330-0614</u>			
City: <u>Evans</u>	State: <u>CO</u> Zip: <u>80620</u>	Fax: <u>970-330-0431</u>			
5. API Number: <u>05-123-19785</u>		6. County: <u>Weld</u>			
7. Well Name: <u>HSR-LEPPLA</u>		Well Number: <u>16-2</u>			
8. Location (Qtr, Sec, Twp, Rng, Meridian): <u>SESE Sec 2-T1N-R68W 6th P.M.</u>					

List in order of completion:

FORMATION: <u>NB-CD</u>		<input checked="" type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-in	<input type="checkbox"/> Commingled
Perforations Gross Interval: <u>Top</u>	Bottom: <u>7766'</u>	No. Holes:	Size:	Open Hole Completion (check if yes)	
Formation Treatment Describe: <u>NBRR 7517' - 7532</u>					
Frac'd NB-CD w/367320# 20/40 mesh; 116644 gal. Gelled fluid <u>CODL 7754' - 7766'</u>					
Test Information Date: <u>04/14/01</u>	Hours: <u>24</u>	Bbls Oil: <u>13</u>	MCF Gas: <u>149</u>	Bbls H <sub>2</sub> O: <u>0</u>	
Production Test Method: <u>flowing</u>	Casing Pressure: <u>425</u>	Flowing Tubing Pressure: <u>375</u>	Choke Size <u>N/A</u>		
API Gravity Oil: <input type="checkbox"/> Oil <u>60</u>	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> CO <sub>2</sub> <input type="checkbox"/> Helium	Gas Disposition: <u>sold</u>		
<input type="checkbox"/> Condensate	<input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other				
Calculated 24 Hr Rate	Bbls Oil: <u>13</u>	MCF Gas: <u>149</u>	Bbls H <sub>2</sub> O: <u>0</u>	GOR <u>11462</u>	
Production Method: <u>flowing</u>					
Tubing Size: <u>2-3/8"</u>	Setting Depth: <u>7756'</u>	Packer Depth: <u>8000'</u>			
Reason for Non-Production					
Abandonment of Zone Date:	Squeezed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sacks Cement:			
Bridge Plug Depth:	Sacks Cement on Top:				
FORMATION: <u>JSND</u>		<input type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input checked="" type="checkbox"/> Shut-in	<input type="checkbox"/> Commingled
Perforations Gross Interval: <u>Top</u>	Bottom:	No. Holes:	Size:	Open Hole Completion (check if yes)	
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	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> CO <sub>2</sub> <input type="checkbox"/> Helium	Gas Disposition: <u>sold</u>		
<input type="checkbox"/> Condensate	<input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <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					
Shut in for NB-CD recomp					
Abandonment of Zone Date: <u>3/1/01</u>	Squeezed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sacks Cement:			
Bridge Plug Depth: <u>8300'</u>	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 Elaine Winick

Signed: Elaine Winick Title: Operations Technician Date: 09/25/01