

FORM
5A



**State of Colorado
Conservation Commission**

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

90 DAY INTERVAL REPORT

FOR OGCC USE ONLY

RECEIVED

SEP 20 2001

OGCC

Complete the
Attachment Checklist

Operator OGCC

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.

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: NB-CD	<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) <input type="checkbox"/>

Formation Treatment Describe:

NBR 7517' - 7532

Frac'd NB-CD w/367320# 20/40 mesh; 116644 gal. Gelled fluid

CODL 7754' - 7766'

Test Information Date: <u>04/14/01</u>	Hours: <u>24</u>	Bbls Oil: <u>13</u>	MCF Gas: <u>149</u>	Bbls H ₂ 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> <input type="checkbox"/> Condensate	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> CO ₂ <input type="checkbox"/> Helium <input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other	Gas Disposition: <u>sold</u>	
Calculated 24 Hr Rate Bbls Oil: <u>13</u>	MCF Gas: <u>149</u>	Bbls H ₂ O: <u>0</u>	GOR: <u>11462</u>	

Production Method:

flowing

Tubing Size: <u>2-3/8"</u>	Setting Depth: <u>7756'</u>	Packer Depth: <u>8000'</u>
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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: JSND	<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) <input type="checkbox"/>

Formation Treatment Describe:

Test Information Date:	Hours:	Bbls Oil:	MCF Gas:	Bbls H ₂ 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"/> CO ₂ <input type="checkbox"/> Helium <input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other	Gas Disposition: <u>sold</u>	
Calculated 24 Hr Rate Bbls Oil:	MCF Gas:	Bbls H ₂ 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