



RECEIVED

FEB -4 CO

OGCC

## COMPLETED INTERVAL REPORT



This form is to be submitted or updated each time a new formation is 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.

EP	OE	PR	ES
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Complete the  
Attachment Checklist

Oper OGCC

Wellbore Diagram		
Site Facility Diagram		

List in order of completion.

OGCC Operator Number: 06570	Contact Name & Phone
Name of Operator: Betaa Oil, Inc.	Sam Cady
Address: 5801 W. 11th St., Suite 300	Ph: 970-336-1000
City: Greeley State: CO Zip: 80634	Fax: 970-346-3777
API Number: 05- 001-09389	
Well Name: Guthrie	Number: 22-2
Location (QtrQtr, Sec, Twp, Rng, Meridian): SENW Sec.2-T1S-R67W,6th. P.M.	

FORMATION: JSND	Producing Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Commingled <input type="checkbox"/>	OGCC
Perforations Gross Interval: Top 8178	Bottom 8222	No. Holes: 3 spf	Size: .38
Open Hole Completion <input type="checkbox"/>			
Cased hole			
Formation Treatment Describe: 12-07-99: Frac w/475,760 # 20/40 along w/231,283 gals 30# gel			
Test Information	Date: 12-20-99	Hours: 24	Bbls Oil: 23
			MCF Gas: 430
			Bbls H <sub>2</sub> O: 35
Production Test Method: Flowing	Casing Pressure: 600	Flowing Tubing Pressure: 900	Choke Size: 14/64
API Gravity Oil:	BTU Gas:	Gas Disposition: Sold	
Calculated 24 Hr Rate	Bbls Oil: 23	MCF Gas: 430	Bbls H <sub>2</sub> O: 35
		GOR: 18695	
Production Method: Flowing			
Tubing Size: 2-3/8	Setting Depth: 8164 KB	Packer Depth:	
Non-producing Completion Status: <input type="checkbox"/> Abd <input type="checkbox"/> SI Reason Shut in:			
Abandonment of Zone	Date:	Squeezed:	Sacks Cement:
Bridge Plug Depth:	Sacks Cement on Top:		

FORMATION:	Producing Y <input type="checkbox"/> N <input type="checkbox"/>	Commingled <input type="checkbox"/>	OGCC
Perforations Gross Interval: Top	Bottom	No. Holes:	Size:
Open Hole Completion <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:	BTU Gas:	Gas Disposition:	
Calculated 24 Hr Rate	Bbls Oil:	MCF Gas:	Bbls H <sub>2</sub> O:
		GOR:	
Production Method:			
Tubing Size:	Setting Depth:	Packer Depth:	
Non-producing Completion Status: <input type="checkbox"/> Abd <input type="checkbox"/> SI Reason Shut in:			
Abandonment of Zone	Date:	Squeezed:	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 Sam Cady

Signed

Title: Compliance

Date:

02/03/00