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Oil and Gas Conservation Commission

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

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COGCC

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. Fill out 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

1. OGCC Operator Number: 72085
2. Name of Operator: Petro-Canada Resources (USA) Inc.
3. Address: 1099 18th St., Ste. 400
City: Denver State: CO Zip: 80202

4. Contact Name and Telephone
Susan Miller
No: 303/350-1212
Fax: 303/297-7708

Wellbore diagram	<input checked="" type="checkbox"/>
Site facility diagram	<input checked="" type="checkbox"/>

5. API Number: 05-123-19971-00 6. County: Weld
7. Well Name: LHI Well Number: 14-12
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNE Sec 14, T4N, R67W, 6th P.M.

List in order of completion:

FORMATION: <u>CODELL</u>	<input checked="" type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top <u>7155' (RE-SHOT)</u>	Bottom: <u>7175'</u>	No. Holes: <u>80</u>	Size: <u>3-1/8" SLK</u>	Open Hole Completion (check if yes) <input type="checkbox"/>
Formation Treatment Describe: <u>Refraced Codell w/ 264,072# 20/40 sd, using 89,204 gal 28# Vistar gel.</u>				
Test Information	Date: <u>2/26/2005</u>	Hours: <u>12</u>	Bbls Oil: <u>35</u>	MCF Gas: <u>284</u>
				Bbls H ₂ O: <u>11</u>
Production Test Method: <u>Flowing</u>	Casing Pressure: <u>760</u>	Flowing Tubing Pressure: <u>500</u>	Choke Size: <u>.218</u>	
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: <u>8114</u>
Production Method:				
Tubing Size: <u>2-3/8"</u>	Setting Depth: <u>7115'</u>	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:			

FORMATION:	<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 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:
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:				
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: Susan Miller

Signed: [Signature]

Title: Operations Tech

Date: 6/6/2005