



FOR OGCC USE ONLY
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COGCC

Complete the
Attachment Checklist

Oper OGCC

Wellbore diagram

Site facility diagram



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.

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

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: CODELL	<input checked="" type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top 7155' (RE-SHOT)	Bottom: 7175'	No. Holes: 80	Size: 3-1/8" SLK	Open Hole Completion (check if yes) <input type="checkbox"/>

Formation Treatment Describe:

Refraced Codell w/ 264,072# 20/40 sd, using 89,204 gal 28# Vistar gel.

Test Information	Date: 2/26/2005	Hours: 12	Bbls Oil: 35	MCF Gas: 284	Bbls H ₂ O: 11
Production Test Method: Flowing	Casing Pressure: 760	Flowing Tubing Pressure: 500	Choke Size: .218		
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: Sold		
Calculated 24 Hr. Rate	Bbls Oil:	MCF Gas:	Bbls H ₂ O:	GOR: 8114	

Production Method:

Tubing Size: 2-3/8"	Setting Depth: 7115'	Packer Depth:
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Reason for Non-Production:

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

Abandonment of Zone	Date:	Squeezed: <input type="checkbox"/> Y <input type="checkbox"/> N	Sacks Cement:
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Bridge Plug Depth:	Sacks Cement on Top:
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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:

Title: Operations Tech

Date: 6/6/2005