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COGCC

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

### 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 thirty 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

Oper OGCC

Wellbore Diagram		
Site Facility Diagram		

1. OGCC Operator Number: <b>76100</b>	Contact Name & Phone <b>Judy Throneberry</b>
2. Name of Operator: <b>SAMEDAN OIL CORPORATION</b>	No: <b>(281) 876-6150</b>
3. Address: <b>12600 NORTHBOROUGH, SUITE 250</b>	Fax: <b>(281) 872-2503</b>
City: <b>HOUSTON</b> State: <b>TEXAS</b> Zip: <b>77067</b>	

5. API NUMBER: <b>05-125-08304 00</b>	6. County: <b>YUMA</b>
7. Well Name: <b>BROWN</b>	Well Number: <b>43-33</b>
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <b>NESE, SEC.33, T1N, R45W, 6TH MERIDIAN</b>	

### List in order of completion:

FORMATION: <b>NIOBRARA</b>	<input checked="" type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top <b>2236</b>	Bottom <b>2266</b>	No. Holes: <b>60</b>	Size: <b>0.32</b>	Open Hole Completion (check if yes) <input type="checkbox"/>

Formation Treatment Describe: **500 gals 7.5% HCL acid, 36,040 gals 40% CO2 foamed gel carrying 15,000# 20/40 Ottawa Sand**

**75,000# 12/20 CS Sand and 10,000# 8/12 Colo Silica.**

Test Information Date: <b>8/16/2001</b>	Hours: <b>24</b>	Bbls Oil: <b>0</b>	MCF Gas: <b>406</b>	Bbls H2O: <b>0</b>
Production Test Method: <b>Flowing</b>	Casing Pressure: <b>265 FCP</b>	Flowing Tubing Pressure: <b>NA-Flowing up Csg</b>	Choke Size <b>7/32</b>	
API Gravity Oil: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate	BTU Gas: <b>1000</b>	<input type="checkbox"/> Wet <input type="checkbox"/> CO2 <input type="checkbox"/> Helium <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other	Gas Disposition: <b>Sales</b>	
Calculated 24 Hr Rate <b>0</b>	Bbls Oil: <b>0</b>	MCF Gas: <b>406</b>	Bbls H2O: <b>0</b>	GOR: <b>na</b>

Production Method:  
**Flowing**

Tubing Size: <b>NA</b>	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:
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 H2O:
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"/> CO2 <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 H2O:	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:
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 **JUDY THRONEBERRY**

Signed *Judy Throneberry* Title: **REGULATORY SUPERVISOR** Date: **8/31/2001**