



FOR OGCC USE ONLY

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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**

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

	Oper	OGCC
Wellbore Diagram		
Site Facility Diagram		

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

**List in order of completion:**

<b>FORMATION: NIOBRARA</b>	<input checked="" type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top <u>2236</u>	Bottom <u>2266</u>	No. Holes: <u>60</u>	Size: <u>0.32</u>	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: <u>8/16/2001</u>	Hours: <u>24</u>	Bbls Oil: <u>0</u>	MCF Gas: <u>406</u>	Bbls H2O: <u>0</u>
Production Test Method: <b>Flowing</b>	Casing Pressure: <u>265 FCP</u>	Flowing Tubing Pressure: <u>NA-Flowing up Csg</u>	Choke Size <u>7/32</u>	
API Gravity Oil: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate	BTU Gas: <u>1000</u>	<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	Bbls Oil: <u>0</u>	MCF Gas: <u>406</u>	Bbls H2O: <u>0</u>	GOR: <u>na</u>

Production Method: **Flowing**

Tubing Size: NA Setting Depth: \_\_\_\_\_ Packer Depth: \_\_\_\_\_

Reason for Non-Production

Abandonment of Zone Date: \_\_\_\_\_ Squeezed:  Y  N Sacks Cement: \_\_\_\_\_

Bridge Plug Depth: \_\_\_\_\_ Sacks Cement on Top: \_\_\_\_\_

<b>FORMATION:</b>	<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: \_\_\_\_\_

Reason for Non-Production

Abandonment of Zone Date: \_\_\_\_\_ Squeezed:  Y  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