

FORM
5A
Rev 8/96

State of Colorado
Oil and Gas Conservation
DEPARTMENT OF NATURAL RESOURCES



FOR OGCC USE ONLY
RECEIVED
JUL 19 01
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. Complete a section for each formation completed or recompleted including all attempted completions. Attach as many pages as required to fully describe the work.

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Complete the
Attachment Checklist

OGCC Operator Number: 67305	4. Contact Name & Phone	Oper	OGCC
Name of Operator: <i>Patina Oil & Gas Corporation</i>	<i>Polly Durden</i>	Wellbore Diagram	
Address: <i>1625 Broadway, Suite 2000</i>	No: <i>303-389-3684</i>	Site Facility Diagram	
City: <i>Denver</i> State: <i>CO</i> Zip: <i>80202</i>	Fax: <i>303-595-7411</i>		
API Number: <i>05-123-19665-20002</i>			
Well Name: <i>Erickson-Birkle P</i>	Number: <i>25-1Ji</i>		
Location (QtrQtr, Sec, Twp, Rng, Meridian): <i>NENE Section 25-T3N-R67W</i>			

FORMATION: JSND Producing Y N Commingled **OGCC**

Perforations Gross Interval: <i>Top</i>	<i>Bottom</i>	No. Holes:	Size:	Open Hole Completion
<i>7721'</i>	<i>7784'</i>	<i>96</i>	<i>.34"</i>	
Formation Treatment	Describe: <i>155,904 gals fluid & 403,620# 20/40</i>			
Test Information	Date: <i>6/27/2001</i>	Hours: <i>24</i>	Bbls Oil: <i>5</i>	MCF Gas: <i>409</i>
				Bbls H ₂ O: <i>7</i>
Production Test Method: <i>Flowing</i>	Casing Pressure: <i>400</i>	Flowing Tubing Pressure: <i>350</i>	Choke Size: <i>16/64</i>	
API Gravity Oil:	BTU Gas:	Gas Disposition: <i>Sold</i>		
Calculated 24 Hr Rate	Bbls Oil: <i>5</i>	MCF Gas: <i>409</i>	Bbls H ₂ O: <i>7</i>	GOR: <i>82</i>
Production Method: <i>Flowing</i>				
Tubing Size: <i>2-3/8"</i>	Setting Depth: <i>7695'</i>	Packer Depth: <i>N/A</i>		
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:			



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Perforations Gross Interval: <i>Top</i>	<i>Bottom</i>	No. Holes:	Size:	Open Hole Completion
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:	BTU Gas:	Gas Disposition:		
Calculated 24 Hr Rate	Bbls Oil:	MCF Gas:	Bbls H ₂ 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: *Polly A. Durden*
 Signed: *Polly Durden* Title: *Sr. Engineering Technician* Date: *07/16/01*