



Page 1 of 1

State of Colorado
Oil and Gas Conservation Commission

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



FOR OGCC USE ONLY

MAY 09 2002

OIL & GAS COMMISSION

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 recompleted including all attempted completions. Attach as many pages as fully describe the work.



OE	PR	ES
----	----	----

Complete the
Attachment Checklist

	Oper	OGCC
Wellbore Diagram	N/A	
Site Facility Diagram	N/A	

List in order of completion.

OGCC Operator Number: <u>44350</u>	4. Contact Name & Phone <u>Robert C. Eller</u>
Name of Operator: <u>J-W Operating Company</u>	Ph: <u>970-332-3151</u>
Address: <u>P. O. Box 305</u>	Fax: <u>970-332-5821</u>
City: <u>Wray</u> State: <u>CO</u> Zip: <u>80758</u>	
API Number: <u>05-125-08448-00</u>	
Well Name: <u>BROWN</u> Number: <u>3-24</u>	
Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NESE/4, SEC 24, T1N, R46W, 6th PM</u>	

FORMATION: NIOBRARA	Producing Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Commingled <input type="checkbox"/>	OGCC <input type="checkbox"/>
Perforations Gross Interval: Top <u>2399</u> Bottom <u>2438</u>	No. Holes: <u>45</u>	Size: <u>.38"</u>	Open Hole Completion <input type="checkbox"/>
Formation Treatment Describe: <u>549 BBL 3% KCL wtr, 60 ton CO2, 15,620# 20/40, 77,240# 12/20 sand & 11,380# 8/12 sand, breakers, biocide, foamers, 25#/1000 gal crosslinked gel, stabilizers and 500 gal acid.</u>			

Test Information	Date: <u>01/19/02</u>	Hours: <u>24</u>	Bbls Oil:	MCF Gas: <u>165 MCF/DAY</u>	Bbls H2O:
Production Test Method: <u>multipoint test</u>	Casing Pressure: <u>464 PSIG</u>	Flowing Tubing Pressure: <u>N/A</u>	Choke Size: <u>7/32"</u>		
API Gravity Oil:	BTU Gas:	Gas Disposition:			
Calculated 24 Hr Rate	Is Oil:	MCF Gas: <u>165 MCF/DAY</u>	Bbls H2O:	GOR	
Production Method: <u>Vented</u>					
Tubing Size: <u>N/A</u>	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:				

FORMATION:	Producing Y <input type="checkbox"/> N <input type="checkbox"/>	Commingled <input type="checkbox"/>	OGCC <input type="checkbox"/>		
Perforations Gross Interval: Top Bottom	No. Holes:	Size:	Open Hole Completion <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:	BTU Gas:	Gas Disposition:			
Calculated 24 Hr Rate	Is Oil:	MCF Gas:	Bbls H2O:	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 Robert C. Eller

Signed Robert C. Eller Title: Engineer

Date: 05/07/02