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State of Colorado
Oil and Gas Conservation Commission

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



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MAY 09 2005
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. 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.

Complete the
Attachment Checklist

Oper OGCC

1. OGCC Operator Number: **91755**
2. Name of Operator: **UNITED STATES EXPLORATION, INC.**
3. Address: **1500 POLY DR., SUITE 100**
City: **BILLINGS** State: **MT** Zip: **59102**

4. Contact Name and Telephone
JAN HARMON

No: **406.294.5990**
Fax: **406.294.5992**

Wellbore diagram	<input checked="" type="checkbox"/>	(S)
Site facility diagram	<input type="checkbox"/>	

5. API Number: **05-123-22653** 6. County: **WELD**
7. Well Name: **BAUMGARTNER** Well Number: **14-29**
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): **SWSW, SEC. 29, T2N, R64W, 6**

List in order of completion:

FORMATION: J SAND	<input checked="" type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top 7586'	Bottom: 7620'	No. Holes: 104	Size: .40"	Open Hole Completion (check if yes) <input type="checkbox"/>

Formation Treatment Describe:

FRAC W/ 80,000 GAL 25 & 30# SATURN 1, 142,440# 20/40 SAND & 8,000# SUPER LC 20/40 SAND. J SAND PERFS: 7586-7600', 7608-14', 7620-26' W/4 SPF.

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:			
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: CODELL/NIOBRARA	<input checked="" type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top 6962'	Bottom: 7138'	No. Holes: 128	Size: .40"	Open Hole Completion (check if yes) <input type="checkbox"/>

Formation Treatment Describe:

FRAC W/1,000 GAL 15% HCl, 22,000 GAL FR WTR, 15,000 GAL FR WTR W/.5 PPG SAND, 15,000 FR WTR W/1 PPG SAND, 95,000 GAL DYNAFLOW-2 26# FLUID AND 301,100# 20/40 SAND. CODELL PERFS: 7128-38'. NIOBRARA PERFS: 6962-68', 6970-78', 6988-96'

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:			
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: **JAN HARMON**

Signed:

Title: **OPERATION ADMINISTRATOR**

Date: **5-5-05**