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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

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

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

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: <u>J SAND</u> <input checked="" type="checkbox"/> Producing <input type="checkbox"/> Abandoned <input type="checkbox"/> Shut-In <input type="checkbox"/> Commingled
Perforations Gross Interval: Top <u>7586'</u> Bottom: <u>7620'</u> No. Holes: <u>104</u> Size: <u>.40"</u> 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	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: <u>CODELL/NIOBRARA</u> <input checked="" type="checkbox"/> Producing <input type="checkbox"/> Abandoned <input type="checkbox"/> Shut-In <input type="checkbox"/> Commingled
Perforations Gross Interval: Top <u>6962'</u> Bottom: <u>7138'</u> No. Holes: <u>128</u> Size: <u>.40"</u> 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	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: JAN HARMON

Title: OPERATION ADMINISTRATOR

Date: 5-5-05