

State of Colorado
Oil and Gas Conservation Commission

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



FOR OGCC USE ONLY

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: 36200	4. Contact Name and Telephone Ken McKinney
2. Name of Operator: Grynberg Petroleum	303-859-7490
3. Address: 5299 DTC Blvd.	No: 303-850-7498
City: Greenwood Village CO 80111	Fax:
State:	
Zip:	

Wellbore diagram	
Site facility diagram	

5. API Number: 05-123-21426	6. County: Weld
7. Well Name: Croissant	Well Number: 1
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NE SW Sec. 26, 9N 62W	

List in order of completion:

FORMATION:		<input type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top	Bottom: 8667	No. Holes: 132	Size: 0.42	Open Hole Completion (check if yes) <input type="checkbox"/>	
Formation Treatment Describe: None - Water Disposal Well					
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"/> Dry <input type="checkbox"/> Coal Gas	<input type="checkbox"/> Helium <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:					
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 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"/> Dry <input type="checkbox"/> Coal Gas	<input type="checkbox"/> Helium <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: Ken McKinney
Title: Production ManagerSigned:
Date: 3-30-04