

State of Colorado  
**Oil and Gas Conservation Commission**

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FOR OGCC USE ONLY

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OGCC



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**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		
Site facility diagram		

1. OGCC Operator Number: 10048  
2. Name of Operator: Meritage Energy Partners, LLC  
3. Address: 1600 Broadway, Suite 1360  
City: Denver State: CO Zip: 80202

4. Contact Name and Telephone  
Gerald Lucero  
No: 720-932-0220 x23  
Fax: 720-932-0224

5. API Number: 05-075-09342-00 6. County: Logan  
7. Well Name: Dickinson Well Number: 6  
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SESW Sec. 6-9N-52W, 6th PM

List in order of completion:

FORMATION: <u>05 Sand</u>	<input type="checkbox"/> Producing	<input checked="" type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top <u>5138</u>	Bottom: <u>5146</u>	No. Holes: <u>32</u>	Size: <u>.40"</u>	Open Hole Completion (check if yes) <input type="checkbox"/>

Formation Treatment Describe:

None

Test Information	Date:	Hours:	Bbls Oil:	MCF Gas:	Bbls H <sub>2</sub> 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 <sub>2</sub> <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 <sub>2</sub> O:	GOR:	

Production Method:

Tubing Size: Setting Depth: Packer Depth:

Reason for Non-Production: Temporarily abandoned to test Main "O" Sand

Abandonment of Zone Date: 4/26/05 Squeezed: ☐ Y ☐ N Sacks Cement:

Bridge Plug Depth: Set RBP @ 5110' Sacks Cement on Top:

FORMATION: <u>0 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>5010</u>	Bottom: <u>5021</u>	No. Holes: <u>98</u>	Size: <u>.40"</u>	Open Hole Completion (check if yes) <input type="checkbox"/>

Formation Treatment Describe:

None

Test Information	Date: <u>5/18/05</u>	Hours: <u>24</u>	Bbls Oil: <u>21</u>	MCF Gas: <u>TSTM</u>	Bbls H <sub>2</sub> O: <u>609</u>
Production Test Method: <u>pumping</u>		Casing Pressure:	Flowing Tubing Pressure:	Choke Size:	
API Gravity Oil: <u>17 deg</u>	<input checked="" type="checkbox"/> Oil <input type="checkbox"/> Condensate	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> CO <sub>2</sub> <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: <u>21</u>	MCF Gas: <u>TSTM</u>	Bbls H <sub>2</sub> O: <u>609</u>	GOR:	

Production Method: pumping

Tubing Size: 2 7/8" Setting Depth: 4912.6' Packer Depth:

Reason for Non-Production:

Abandonment of Zone Date: Squeezed: ☐ Y ☐ 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: Gerald Lucero

Signed: Gerald Lucero

Title: Production Manager

Date: 6/15/05