

State of Colorado
Oil and Gas Conservation Commission

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



RECEIVED

FOR OGCC USE ONLY
JUN 17 05
OGCC
01422078

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: Sand Producing Abandoned Shut-In Commingled
 Perforations Gross Interval: Top 5138 Bottom: 5146 No. Holes: 32 Size: .40" Open Hole Completion (check if yes)

Formation Treatment Describe:
None

Test Information Date: _____ Hours: _____ Bbls Oil: _____ MCF Gas: _____ Bbls H₂O: _____
 Production Test Method: _____ Casing Pressure: _____ Flowing Tubing Pressure: _____ Choke Size: _____
 API Gravity Oil: Oil Condensate BTU Gas: Wet CO₂ Helium Gas Disposition: _____
 Dry Coal Gas Other: _____
 Calculated 24 Hr. Rate Bbls Oil: _____ MCF Gas: _____ Bbls H₂O: _____ 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: Sand Producing Abandoned Shut-In Commingled
 Perforations Gross Interval: Top 5010 Bottom: 5021 No. Holes: 98 Size: .40" Open Hole Completion (check if yes)

Formation Treatment Describe:
None

Test Information Date: 5/18/05 Hours: 24 Bbls Oil: 21 MCF Gas: TSTM Bbls H₂O: 609
 Production Test Method: pumping Casing Pressure: _____ Flowing Tubing Pressure: _____ Choke Size: _____
 API Gravity Oil: Oil Condensate BTU Gas: Wet CO₂ Helium Gas Disposition: _____
 Dry Coal Gas Other: _____
 Calculated 24 Hr. Rate Bbls Oil: 21 MCF Gas: TSTM Bbls H₂O: 609 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: [Signature]

Title: Production Manager

Date: 6/15/05