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State of Colorado
Oil and Gas Conservation Commission

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



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NOV -3 05
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: **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**

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

5. API Number: **05-075-09344-00**

6. County: **Logan**

7. Well Name: **Dubois**

Well Number: **6**

8. Location (QtrQtr, Sec, Twp, Rng, Meridian): **NWNE Sec. 7-9N-52W, 6th PM**

List in order of completion:

FORMATION: O Sand		<input checked="" type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top 5003'		Bottom: 5011'	No. Holes: 4 jspf	Size: .42"	Open Hole Completion (check if yes) <input type="checkbox"/>
Formation Treatment Describe: none					
Test Information Date: 9/20/05		Hours: 24	Bbls Oil: 41	MCF Gas: TSTM	Bbls H ₂ O: 37
Production Test Method: pumping		Casing Pressure:	Flowing Tubing Pressure:		Choke Size:
API Gravity Oil:	<input checked="" 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: 41	MCF Gas: TSTM	Bbls H ₂ O: 37	GOR:
Production Method: pumping					
Tubing Size: 2 7/8"		Setting Depth: 4982'		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:		<input type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
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"/> 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: **Gerald Lucero**

Signed:

Title: **Production Manager**

Date: **10/31/05**