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State of Colorado
Oil and Gas Conservation Commission

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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: <u>10048</u>	4. Contact Name and Telephone <u>Gerald Lucero</u>	Wellbore diagram <input checked="" type="checkbox"/>
2. Name of Operator: <u>Meritage Energy Partners, LLC</u>	No: <u>720-932-0220 x23</u>	Site facility diagram <input type="checkbox"/>
3. Address: <u>1600 Broadway, Suite 1360</u>	Fax: <u>720-932-0224</u>	
City: <u>Denver</u> State: <u>CO</u> Zip: <u>80202</u>		

5. API Number: <u>05-075-09344-00</u>	6. County: <u>Logan</u>
7. Well Name: <u>Dubois</u>	Well Number: <u>6</u>
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWNE Sec. 7-9N-52W, 6th PM</u>	

List in order of completion:

FORMATION: <u>O 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>5003'</u>	Bottom: <u>5011'</u>	No. Holes: <u>4 jspf</u>	Size: <u>.42"</u>	Open Hole Completion (check if yes) <input type="checkbox"/>

Formation Treatment Describe: none

Test Information Date: <u>9/20/05</u>	Hours: <u>24</u>	Bbls Oil: <u>41</u>	MCF Gas: <u>TSTM</u>	Bbls H ₂ O: <u>37</u>
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Production Test Method: <u>pumping</u>	Casing Pressure:	Flowing Tubing Pressure:	Choke Size:
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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	Gas Disposition:
		<input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other:	

Calculated 24 Hr. Rate Bbls Oil: <u>41</u>	MCF Gas: <u>TSTM</u>	Bbls H ₂ O: <u>37</u>	GOR:
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Production Method: pumping

Tubing Size: <u>2 7/8"</u>	Setting Depth: <u>4982'</u>	Packer Depth:
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Reason for Non-Production:

Abandonment of Zone Date:	Squeezed: <input type="checkbox"/> Y <input type="checkbox"/> N	Sacks Cement:
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Bridge Plug Depth:	Sacks Cement on Top:
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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:
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Production Test Method:	Casing Pressure:	Flowing Tubing Pressure:	Choke Size:
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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:
		<input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other:	

Calculated 24 Hr. Rate Bbls Oil:	MCF Gas:	Bbls H ₂ O:	GOR:
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Production Method:

Tubing Size:	Setting Depth:	Packer Depth:
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Reason for Non-Production:

Abandonment of Zone Date:	Squeezed: <input type="checkbox"/> Y <input type="checkbox"/> N	Sacks Cement:
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Bridge Plug Depth:	Sacks Cement on Top:
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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: 10/31/05