

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax 3



FOR OGCC USE ONLY

RECEIVED

SCANNED  
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

	OGCC	OGCC
Wellbore diagram		
Site Facility Diagram		

1. OGCC Operator Number: 97800  
2. Name of Operator: Yale Oil Association, Inc.  
3. Address: 6 NE 63rd Street, Suite 425  
City: Oklahoma City State: OK Zip: 73105  
4. Contact Name and Telephone  
Greg Cox  
No: (405)840-1811 xt. 107  
Fax: (405)840-4422

5. API Number: 050710707700 6. County: Las Animas  
7. Well Name: Roberts Well Number: 18-10  
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NW SE 18-34S-61W, 6th P.M.

List in order of completion:

FORMATION: Greenhorn		<input type="checkbox"/> Producing <input checked="" type="checkbox"/> Abandoned <input checked="" type="checkbox"/> Shut-In		<input type="checkbox"/> Commingled
Perforations Gross Interval: Top 1218'	Bottom 1250'	No. Holes: 36	Size:	Open Hole Completion (check if yes) <input type="checkbox"/>
Formation Treatment Describe: Acidize with 1000 gal. 7 1/2% HCL Frac with 15,000 gal. 70% N2 Foam, 50,000# 20/40 & 50,000# 12/20 sand				
Test Information Date: 1-2-01	Hours: 24	Bbls Oil: 0	MCF Gas: 31	Bbls H <sub>2</sub> O:
Production Test Method: flowing	Casing Pressure:	Flowing Tubing Pressure:	Choke Size: 3/8"	
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: 2 3/8"	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: Fort Hays		<input type="checkbox"/> Producing <input checked="" type="checkbox"/> Abandoned <input checked="" type="checkbox"/> Shut-In		<input type="checkbox"/> Commingled
Perforations Gross Interval: Top 984'	Bottom 1044'	No. Holes: 74	Size:	Open Hole Completion (check if yes) <input type="checkbox"/>
Formation Treatment Describe: Acidize with 1000 gal. 7.5% HCL Frac with 15,000 gal. 70% N2 Foam, 50,000# 20/40 and 30,000# 12/20 sand				
Test Information Date: 1-10-01	Hours: 24	Bbls Oil: 0	MCF Gas: 12	Bbls H <sub>2</sub> O:
Production Test Method: flowing	Casing Pressure:	Flowing Tubing Pressure:	Choke Size: 1/4"	
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:				
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: Greg Cox

Signed: Dug Cox Title: Geologist Date: 6-23-03