

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax (303) 894-2101



FOR OGCC USE ONLY



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SCANNED

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

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 ext 107
 Fax: 405-840-4422

	Oper	OGCC
Wellbore diagram		
Site Facility Diagram		

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: Smoky Hill
 Producing Abandoned Shut-In Commingled
 Perforations Gross Interval: Top 592' Bottom 786' No. Holes: 109 Size: Open Hole Completion (check if yes)

Formation Treatment Describe:
 Acidize with 1000 gal 7.5% HCL
 Frac with 15,000 gal. 70% N2 foam, 50,000# 20/40 and 100,000# 12/20 sand

Test Information Date: 1-15-01 Hours: 24 Bbls Oil: 0 MCF Gas: 25 Bbls H₂O:
 Production Test Method: flowing Casing Pressure: Flowing Tubing Pressure: Choke Size: 1/4"
 API Gravity Oil: Oil Condensate BTU Gas: Wet CO₂ Helium Dry Coal Gas Other: Gas Disposition:
 Calculated 24 Hr. Rate Bbls Oil: MCF Gas: Bbls H₂O: GOR:

Production Method:
 Tubing Size: 2 3/8" Setting Depth: Packer Depth:
 Reason for Non-Production:
 Abandonment of Zone Date: Squeezed: Y N Sacks Cement:
 Bridge Plug Depth: Sacks Cement on Top:

FORMATION: Producing Abandoned Shut-In Commingled
 Perforations Gross Interval: Top Bottom No. Holes: Size: Open Hole Completion (check if yes)

Formation Treatment Describe:

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 Dry Coal Gas Other: Gas Disposition:
 Calculated 24 Hr. Rate Bbls Oil: MCF Gas: Bbls H₂O: GOR:

Production Method:
 Tubing Size: Setting Depth: 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: Greg Cox
 Signed: *Greg Cox* Title: Geologist Date: 6-23-03