

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

COMPLETED INTERVAL REPORT



RECEIVED

AUG 25 03

SCANNED

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: [Signature] Title: Geologist Date: 6-23-03