

<b>FORM 5A</b>  Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  2512634				
The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.							

1. OGCC Operator Number: <u>57667</u>	4. Contact Name: <u>COLLIN RICHARDSON</u>
2. Name of Operator: <u>MINERAL RESOURCES, INC.</u>	Phone: <u>(970) 3529446</u>
3. Address: <u>PO BOX 328</u>	Fax: <u>(800) 8509334</u>
City: <u>GREELEY</u> State: <u>CO</u> Zip: <u>80632</u>	

5. API Number <u>05-123-25284-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>VETTING</u>	Well Number: <u>2</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>23</u> Township: <u>5N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

<u>Completed Interval</u>	
FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>11/26/2008</u>	Date of First Production this formation: <u>12/01/2008</u>
Perforations Top: <u>6736</u> Bottom: <u>7036</u>	No. Holes: <u>112</u> Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
NB PERFS 6736-6860', HOLES 72, SIZE 0.41: 4079.5 BBLS FLUID, 250,000# 30/50 SAND, 12,000# 12/20 SAND. CD PERFS 7026-7036', HOLES 40, SIZE 0.41: 3198.4 BBLS FLUID, 271,180# 240/40 SAND.	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>12/09/2008</u> Hours: <u>24</u> Bbls oil: <u>30</u> Mcf Gas: <u>235</u> Bbls H2O: _____	
Calculated 24 hour rate: Bbls oil: <u>30</u> Mcf Gas: <u>235</u> Bbls H2O: _____ GOR: <u>3653</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>500</u> Tubing PSI: _____ Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1282</u> API Gravity Oil: <u>54</u>	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

Comment:
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**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: JAMIE R HOOD

Title: AGENT Date: 8/26/2010 Email: MJSHOOD@COMCAST.NET  
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**Attachment Check List**

Att Doc Num	Name
2512634	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)