

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



Table with columns DE, ET, OE, ES

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COMPLETED INTERVAL REPORT

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: 10350
2. Name of Operator: RANCHERS EXPLORATION PARTNERS LLC
3. Address: 7257 W 4TH STREET #3
4. Contact Name: Mike Ward
Phone: (970) 356-5500
Fax: (970) 356-5996
City: GREELEY State: CO Zip: 80634

5. API Number 05-123-32924-00
6. County: WELD
7. Well Name: Wattenberg Drilling Fund
Well Number: 3
8. Location: QtrQtr: SESW Section: 30 Township: 7N Range: 65W Meridian: 6
9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/20/2011 Date of First Production this formation: 08/28/2011

Perforations Top: 7230 Bottom: 7509 No. Holes: 104 Hole size: 0.43

Provide a brief summary of the formation treatment: Open Hole: []

Gel Frac. Niobrara: Perforations, A Bench: 20 holes-7230-7240, B Bench: 30 holes- 7345-7360, C Bench: 12 holes-7403-7409. Fractured with 303,010 lbs. sand , 23 bbls. acid, 1727 bbls. chemicals, and 2885 bbls of water. Codell Formation: Perforations: 42 holes- 7518-7532. Fractured with 300,060 lbs. of sand and 2129 bbls. chemicals and 1533 bbls. of water. 2 7/8" tubing set on 9/13/11

This formation is commingled with another formation: [X] Yes [] No

Test Information:

Date: 08/28/2011 Hours: 24 Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: 60 Mcf Gas: 31 Bbls H2O: 180 GOR: 517

Test Method: Flowing Casing PSI: 1180 Tubing PSI: Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1209 API Gravity Oil: 39

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

Comment:

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

Signed: Print Name: Eddie Van Surksum

Title: Completion Manager Date: 11/9/2011 eddie@ranchers.co

Email
:

Attachment Check List

Att Doc Num	Name
400222436	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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