

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



DE ET OE ES

Document Number:

2286752

Date Received:

01/06/2012

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: 54380

4. Contact Name: DAVID BLANDFORD

2. Name of Operator: MATRIX ENERGY LLC

Phone: (970) 247-1959

3. Address: 1241 THOROUGHbred ROAD

Fax: (970) 247-2359

City: DURANGO State: CO Zip: 81303

5. API Number 05-123-33763-00

6. County: WELD

7. Well Name: KUETTEL

Well Number: 14-10-24

8. Location: QtrQtr: SWSW Section: 10 Township: 5N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL

Status: PRODUCING

Treatment Date: 09/23/2011

Date of First Production this formation: 11/17/2011

Perforations Top: 7055 Bottom: 7065 No. Holes: 40 Hole size: 41/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

FRAC'D WITH 3695 BBLS SLICK WATER AND VISTAR 22 GEL AND 250100# SAND. ATP 3916 PSI. ATP 26 BPM. USDP 3737PSI.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 12/07/2011 Hours: 24 Bbls oil: 12 Mcf Gas: 79 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 12 Mcf Gas: 79 Bbls H2O: 0 GOR: 6583

Test Method: FLOWING Casing PSI: 810 Tubing PSI: 700 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1303 API Gravity Oil: 54

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7039 Tbg setting date: 11/23/2011 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: DAVID M BLANDFORD

Title: CO-MANAGER Date: 1/3/2012 Email: ANDELEENERGY@GMAIL.COM

Attachment Check List

Att Doc Num	Name
2286752	FORM 5A SUBMITTED
2286753	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)