

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax:(303)894-2109



DE	ET	OE	ES

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: _____		4. Contact Name _____	
2. Name of Operator: _____		Phone: _____	
3. Address: _____		Fax: _____	
City: _____	State: _____	Zip: _____	

5. API Number 05- _____	6. County: _____
7. Well Name: _____	Well Number: _____
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): _____	

Complete the  
Attachment  
Checklist

OP OGCC

wellbore diagram		

FORMATION: _____	Status	<div></div>
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Treatment Date: _____	Date of First Production this formation: _____
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Perforations Top: _____ Bottom: _____	No. Holes _____	Hole size: _____
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Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole ☐

This formation is commingled with another formation ☐

**Test Information:**

Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H <sub>2</sub> O: _____
Calculated 24 hour rate: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H <sub>2</sub> O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke size: _____	
Gas Disposition: <div></div>	Gas Type: <div></div>	BTU Gas: _____	API Gravity Oil: _____	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	

Reason for Non-Production: \_\_\_\_\_

Date formation Abandoned: \_\_\_\_\_ Squeezed ☐ Yes ☐ No If yes number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

FORMATION: _____	Status	<div></div>
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Treatment Date: _____	Date of First Production this formation: _____
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Perforations Top: _____ Bottom: _____	No. Holes _____	Hole size: _____
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Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole ☐

This formation is commingled with another formation ☐

**Test Information:**

Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H <sub>2</sub> O: _____
Calculated 24 hour rate: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H <sub>2</sub> O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke size: _____	
Gas Disposition: <div></div>	Gas Type: <div></div>	BTU Gas: _____	API Gravity Oil: _____	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	

Reason for Non-Production: \_\_\_\_\_

Date formation Abandoned: \_\_\_\_\_ Squeezed ☐ Yes ☐ No If yes number of sacks cmt \_\_\_\_\_

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: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_