

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:

400111658

**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: 76840 4. Contact Name: Jeff Schneider  
2. Name of Operator: SCHNEIDER ENERGY SERVICES INC Phone: (970) 867-9437  
3. Address: P O BOX 297 Fax: (970) 867-9137  
City: FORT MORGAN State: CO Zip: 80701

5. API Number 05-123-05571-00 6. County: WELD  
7. Well Name: STATE Well Number: 1  
8. Location: QtrQtr: NENE Section: 16 Township: 8N Range: 61W Meridian: 6  
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: J SAND Status: PRODUCING  
Treatment Date: 08/07/2009 Date of First Production this formation: 08/18/2009  
Perforations Top: 7172 Bottom: 7180 No. Holes: 34 Hole size: 3/8  
Provide a brief summary of the formation treatment: Open Hole: ☐  
Pumed 500 gals of 15% HCL and frac'd with 384 bbls of gelled water and 25,000#'s of 20/40 frac sand.  
ISIP= 4120 PSI, 5 Minute = 3266.  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 08/18/2009 Hours: 24 Bbls oil: 10 Mcf Gas: 10 Bbls H2O: 102  
Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 10 Bbls H2O: 102 GOR: 1  
Test Method: Pump Casing PSI: 25 Tubing PSI: 25 Choke Size: \_\_\_\_\_  
Gas Disposition: VENTED Gas Type: WET BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7120 Tbg setting date: 08/10/2009 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: Jeff Schneider  
Title: President Date: \_\_\_\_\_ Email jeff@schneiderenergy.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name
400111676	

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)