

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



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Document Number:

2555565

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: 19160 4. Contact Name: PATSY CLUGSTON
2. Name of Operator: CONOCO PHILLIPS COMPANY Phone: _____
3. Address: P O BOX 2197 Fax: _____
City: HOUSTON State: TX Zip: 77252-21

5. API Number 05-067-09367-00 6. County: LA PLATA
7. Well Name: FLORIDA RIVER ESTATES 33- Well Number: 17-3A
8. Location: QtrQtr: NESW Section: 17 Township: 33N Range: 9W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: SHUT IN
Treatment Date: 08/28/2007 Date of First Production this formation: _____
Perforations Top: 2391 Bottom: 2601 No. Holes: 78 Hole size: 34/100
Provide a brief summary of the formation treatment: Open Hole: ☐

PERFS FROM 2580-2601 W/ ACIDIZED W/ 24 BBLs 10% FORMIC ACID THEN FRACD W/1007 BBLs 20# DELTA FRAC W/ 1150# 40/70 AZ SAND AND 42850# 20/40 BRADY SAND W/ CROSSLINKER GEL; PERFS FROM 2391-2515 W/ ACIDIZED W/ 24 BBLs 10% FORMIC ACID THEN FRACD W/ 1520 BBLs 20# DELTA FRAC 140 W/ 2390# 20/70 AZ SAND AND 78670# 20/40 BRADY SAND W/ CROSSLINKER GEL

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

Test Information:

Date: 05/12/2010 Hours: 1 Bbls oil: 0 Mcf Gas: 10 Bbls H2O: 14
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 245 Bbls H2O: 336 GOR: _____
Test Method: FLOWING Casing PSI: 22 Tubing PSI: 0 Choke Size: 1/2
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 955 API Gravity Oil: _____
Tubing Size: 2 + 3/8 Tubing Setting Depth: 2755 Tbg setting date: 05/13/2010 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: PATSY CLUGSTON

Title: SR REG SPECIALIST

Date: 6/9/2010

Email CLUGSPL@CONOCOPHILLIPS.COM

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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: David S. Neslin

Director of COGCC

Date: 1/4/2011

Attachment Check List

Att Doc Num	Name
2555565	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)