

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:

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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: 10177 4. Contact Name: AMY WARREN  
2. Name of Operator: ENERPLUS RESOURCES (USA) CORPORATION Phone: (720) 279-5543  
3. Address: 1700 LINCOLN ST STE 1300 Fax: (720) 279-5550  
City: DENVER State: CO Zip: 80203

5. API Number 05-121-10995-00 6. County: WASHINGTON  
7. Well Name: BLACH Well Number: 4-54-9-33  
8. Location: QtrQtr: SWSW Section: 9 Township: 4N Range: 54W Meridian: 6  
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: SMOKY HILL Status: ABANDONED COMPLETION

Treatment Date: 04/16/2010 Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 4345 Bottom: 4360 No. Holes: 45 Hole size: 6 + 1/4

Provide a brief summary of the formation treatment: Open Hole: ☐

15 BBLS 2% KCL WATER WITH 2GPT MAVCIDE II

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

**Test Information:**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_  
Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ Packer Depth: \_\_\_\_\_

Reason for Non-Production:

NO SIGN OF PRODUCTION; ABANDON SMOKING HILLS FORMATION

Date formation Abandoned: 04/20/2010 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 4240 Sacks cement on top: 2

Comment:

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

Signed: \_\_\_\_\_ Print Name: AMY WARREN

Title: ENGINEER TECH Date: 7/19/2010 Email AWARREN@ENERPULS.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: \_\_\_\_\_

*David G. Neslin*  
Director of COGCC

Date: 1/25/2011

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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

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