

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:

400125401

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: 10273  
2. Name of Operator: HRM RESOURCES LLC  
3. Address: 555 17TH STREET #950  
City: DENVER State: CO Zip: 80202  
4. Contact Name: CLAYTON DOKE  
Phone: (970) 669-7411  
Fax: (970) 669-4077

5. API Number 05-123-27111-00  
6. County: WELD  
7. Well Name: STROH  
Well Number: 22-22  
8. Location: QtrQtr: SENW Section: 22 Township: 4N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL	Status: COMMINGLED
Treatment Date: 11/20/2010	Date of First Production this formation:
Perforations Top: 7218 Bottom: 7228	No. Holes: 40 Hole size: 4/100
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Frac'd 7218'-7728' w/ 120,000 gal fluid and 250,000# 30/50 sand (12,000 gal slick wtr, 107,000 gal xlink gel).	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
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:	
Date formation Abandoned: Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt
Bridge Plug Depth: Sacks cement on top:	

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: \_\_\_\_\_ Date of First Production this formation: 12/22/2011

Perforations Top: 6924 Bottom: 7228 No. Holes: 192 Hole size: \_\_\_\_\_

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

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

**Test Information:**

Date: 11/29/2010 Hours: 24 Bbls oil: 34 Mcf Gas: 141 Bbls H2O: 6

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 34 Mcf Gas: 141 Bbls H2O: 6 GOR: 4147

Test Method: FLOWING Casing PSI: 920 Tubing PSI: \_\_\_\_\_ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1100 API Gravity Oil: 33

Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ 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: \_\_\_\_\_

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 11/20/2010 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 6924 Bottom: 7110 No. Holes: 152 Hole size: 4/100

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

Frac'd NBRR A 6924-6930, NBRR B 6999-7005, NCRR C 7084-7110, w/ 53,820# 40/70 sand with 105,767 gals SLF, and 295,460# 30/50 sand with 96,831 gals SLF.

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: \_\_\_\_\_

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: CLAYTON DOKE

Title: PETROLEUM ENGINEER Date: \_\_\_\_\_ Email: cdoke@petersonenergy.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
400209847	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)