

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:

400125784

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: 57667 4. Contact Name: CLAYTON DOKE  
2. Name of Operator: MINERAL RESOURCES, INC. Phone: (970) 669-7411  
3. Address: PO BOX 328 Fax: (970) 669-4077  
City: GREELEY State: CO Zip: 80632

5. API Number 05-123-31863-00 6. County: WELD  
7. Well Name: RE-1 X7 Well Number: 4-6-31  
8. Location: QtrQtr: NESW Section: 31 Township: 5N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 11/06/2010 Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 7342 Bottom: 7352 No. Holes: 40 Hole size: 4/10

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

Frac'd CODL w/ 96,725 gal pHaserFrac, 22,031 gal FW (82,654 gal SLF) & 251,289# 30/50. ATP= 5107 psi, ATR= 44.8 BPM.  
TP,max= 5271 psi, TR,max= 49.1 BPM.

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: \_\_\_\_\_

FORMATION: NIOBRARA-CODELLStatus: PRODUCING

Treatment Date: \_\_\_\_\_

Date of First Production this formation: 12/03/2010Perforations Top: 7046 Bottom: 7352 No. Holes: 88 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment:

Open Hole: ☐This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 12/18/2010 Hours: 24 Bbls oil: 169 Mcf Gas: 892 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 169 Mcf Gas: 892 Bbls H2O: 0 GOR: 5278Test Method: FLOWING Casing PSI: 1200 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1264 API Gravity Oil: 58

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: NIOBRARAStatus: COMMINGLED

Treatment Date: \_\_\_\_\_

Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7046 Bottom: 7172 No. Holes: 48 Hole size: 21/50

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd NBRR "A" (7,046'-7,052') &amp; NBRR "B" (7,166'-7,172') w/ 96,973 gal pHaserFrac, 116,327 gal FW (191,904gal SLF) &amp; 294,520# 30/50. ATP= 4883 psi, ATR= 50.7 BPM. TP,max= 5180 psi, TR,max= 54 BPM.

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 DOKETitle: ENGINEER Date: 9/29/2011 Email: cdoke@petersonenergy.com

### Attachment Check List

Att Doc Num	Name
400125784	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)