

**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:

2588675

## 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: 75027

4. Contact Name: STACEY OWSTON

2. Name of Operator: ROSEWOOD RESOURCES INC

Phone: (970) 848-2228

3. Address: 2101 CEDAR SPRINGS RD STE 1500

Fax: (970) 848-2245

City: DALLAS State: TX Zip: 75201

5. API Number 05-125-11975-00

6. County: YUMA

7. Well Name: D&S

Well Number: 43-22

8. Location: QtrQtr: NESE Section: 22 Township: 4N Range: 46W Meridian: 6

9. Field Name: WAVERLY Field Code: 90775

### Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 08/19/2011

Date of First Production this formation: 09/15/2011

Perforations	Top:	2564	Bottom:	2592	No. Holes:	112	Hole size:	41/100
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Provide a brief summary of the formation treatment:

Open Hole: 

FRAC'D W/49,053 GALS OF FRAC W/30# GEL & 70 QUALITY MAV FOAM, 100,060 16/30 DANIELS SAND, 420,000 SCF N2

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

**Test Information:**

Date:	08/20/2011	Hours:	24	Bbbs oil:	0	Mcf Gas:	416	Bbbs H2O:	62
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	329	Bbls H2O:	59	GOR:
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Test Method: FLOWING	Casing PSI:	Tubing PSI:	Choke Size:
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	1000	API Gravity Oil:	0
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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: STACEY OWSTON

Title: STACEY OWSTON                      Date: 9/8/2011                      Email: SOWSTON@ROSEWD.COM

### Attachment Check List

Att Doc Num	Name
2588675	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)