

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:

400219972

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: 10332
2. Name of Operator: PATARA OIL & GAS LLC
3. Address: 600 17TH STREET #1900S
City: DENVER State: CO Zip: 80202
4. Contact Name: Christopher Noonan
Phone: (303) 563-5377
Fax: (720) 235-4560

5. API Number 05-113-06243-00
6. County: SAN MIGUEL
7. Well Name: HC Fed
Well Number: 31-31B-45-14
8. Location: QtrQtr: Lot 3 Section: 31 Township: 45N Range: 14W Meridian: N
9. Field Name: HAMILTON CREEK Field Code: 33540

Completed Interval

FORMATION: AKAH SALT	Status: COMMINGLED
Treatment Date: 10/02/2011	Date of First Production this formation: 10/25/2011
Perforations Top: 8690 Bottom: 9074	No. Holes: 272 Hole size: 34/100
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Frac Treated 10/3/2011 w/87,868# sand and Co2 foam	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt
Bridge Plug Depth: Sacks cement on top:	

FORMATION: <u>DESERT CREEK</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>10/20/2011</u>		Date of First Production this formation: <u>11/25/2011</u>			
Perforations	Top: <u>8372</u>	Bottom: <u>8410</u>	No. Holes: <u>152</u>	Hole size: <u>34/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Frac Treated 10/21/2011 w/96,212# sand and Co2 foam					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: <u>HONAKER TRAIL</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>10/22/2011</u>		Date of First Production this formation: <u>11/25/2011</u>			
Perforations	Top: <u>7393</u>	Bottom: <u>7591</u>	No. Holes: <u>150</u>	Hole size: <u>34/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Frac Treated 10/22/2011 w/129,689# sand and Co2 foam					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
Date: <u>11/24/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>3000</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate: _____		Bbls oil: <u>0</u>	Mcf Gas: <u>3000</u>	Bbls H2O: <u>0</u>	GOR: <u>300</u>
Test Method: <u>Measured</u>	Casing PSI: <u>320</u>	Tubing PSI: _____	Choke Size: <u>32/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>981</u>	API Gravity Oil: <u>0</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7293</u>	Tbg setting date: <u>11/01/2011</u>	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: HOVENWEEP SHALE Status: COMMINGLED

Treatment Date: 10/21/2011 Date of First Production this formation: 10/25/2011

Perforations Top: 7970 Bottom: 8018 No. Holes: 129 Hole size: 34/100

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

Frac Treated 10/21/2011 w/81,363# sand and Co2 foam

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:

Test data representative of all productive, commingled zones.

Please contact Christopher Noonan with Patara with any questions or concerns. Thank you.

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

Signed: _____ Print Name: Christopher A. Noonan

Title: Production Technician Date: _____ Email: bnoonan@pataraog.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

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)