

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:

2286603

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: 10339 4. Contact Name: DAVID SEGOBIA
2. Name of Operator: GULFPORT ENERGY CORPORATION Phone: (405) 242-4977
3. Address: 14313 N. MAY AVENUE - SUITE 100 Fax: (405) 848-8816
City: OKLAHOMA CITY State: OK Zip: 73134

5. API Number 05-081-07666-00 6. County: MOFFAT
7. Well Name: Ellgen Well Number: 11-10-1
8. Location: QtrQtr: NWNW Section: 10 Township: 6N Range: 91W Meridian: 6
9. Field Name: CRAIG Field Code: 13500

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: _____ Date of First Production this formation: _____
Perforations Top: 6476 Bottom: 7812 No. Holes: 0 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☒
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 12/01/2011 Hours: 24 Bbls oil: 54 Mcf Gas: 0 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 0
Test Method: PUMPING Casing PSI: 20 Tubing PSI: 85 Choke Size: _____
Gas Disposition: _____ Gas Type: _____ BTU Gas: 0 API Gravity Oil: 40
Tubing Size: 2 + 7/8 Tubing Setting Depth: 6690 Tbg setting date: 11/27/2011 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:

FORM 5 DOCUMENT #2286602

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

Signed: _____ Print Name: DAVID SEGOBIA
Title: SR. RESERVOIR ENGR. TECH. Date: 12/8/2011 Email: DSEGOBIA@GULFPORTENERGY.COM

Attachment Check List

Att Doc Num	Name
2286603	FORM 5A SUBMITTED
2286604	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	off hold--entered prod. interval.	1/13/2012 1:03:35 PM
Permit	on hold--need producing interval.	1/12/2012 2:34:24 PM

Total: 2 comment(s)