

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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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: 81295 4. Contact Name: DENNIS CORKRAN
2. Name of Operator: RED WILLOW PRODUCTION COMPANY Phone: (970) 563-5163
3. Address: P O BOX 369 Fax: (970) 563-5161
City: IGNACIO State: CO Zip: 81137

5. API Number 05-007-06297-00 6. County: ARCHULETA
7. Well Name: NORTH CARRACAS 32-5 Well Number: 10C-1
8. Location: QtrQtr: SENE Section: 9 Township: 32N Range: 5W Meridian: N
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING
Treatment Date: _____ Date of First Production this formation: 12/16/2011
Perforations Top: 4125 Bottom: 7313 No. Holes: 19128 Hole size: 50/100
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 12/17/2011 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 92 Bbls H2O: 75 GOR: _____
Test Method: PRODUCTION Casing PSI: 1000 Tubing PSI: 1200 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 3980 Tbg setting date: 12/22/2011 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:

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

Signed: _____ Print Name: DENNIS CORKRAN

Title: FRILL & PROD MGR Date: 12/28/2011 Email: ASIMONS@RWPC.US

Attachment Check List

Att Doc Num	Name
2286747	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)