

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:

2286526

Date Received:

12/15/2011

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: 34725

4. Contact Name: MATT BARNETT

2. Name of Operator: GOSNEY & SONS INC

Phone: (970) 884-9533

3. Address: P O BOX 367

Fax: (970) 884-0321

City: BAYFIELD State: CO Zip: 81122

5. API Number 05-067-09866-00

6. County: LA PLATA

7. Well Name: KELSALL 33-7

Well Number: 4-1

8. Location: QtrQtr: NENW Section: 4 Township: 33N Range: 7W Meridian: N

9. Field Name: Field Code:

Completed Interval

FORMATION: FRUITLAND COAL

Status: PRODUCING

Treatment Date: 11/03/2011

Date of First Production this formation: 12/13/2011

Perforations Top: 2896 Bottom: 3076 No. Holes: 176 Hole size: 50/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

BREAKDOWN WITH 3,200 gal 15% HCL. FRACTURE-STIMULATED IN ONE STAGE WITH 253,000 lbs of PROPPANT (85% 20/40 SAND AND 15% 14/30 FLEX SAND) IN 3,138 BBLS GELLED WATER.

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

Test Information:

Date: 12/13/2011 Hours: 3 Bbls oil: Mcf Gas: 1 Bbls H2O: 75

Calculated 24 hour rate: Bbls oil: Mcf Gas: 25 Bbls H2O: 600 GOR:

Test Method: FLOWING Casing PSI: 900 Tubing PSI: 300 Choke Size: 3 + 8/100

Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 998 API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 2985 Tbg setting date: 11/14/2011 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: MATTHEW BARNETT

Title: SECRETARY Date: 12/13/2011 Email: MATTB@GOSNEYCO.COM

Attachment Check List

Att Doc Num	Name
2286526	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)