

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: 22400 4. Contact Name: Jeff Reale  
2. Name of Operator: DJ PRODUCTION SERVICES INC Phone: (303) 947-1387  
3. Address: 1273 FALCON COURT Fax: (970) 667-0046  
City: WINDSOR State: CO Zip: 80550

5. API Number 05-123-30721-00 6. County: WELD  
7. Well Name: NELSON Well Number: 5-31  
8. Location: QtrQtr: NWNE Section: 5 Township: 4N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 11/08/2011 Date of First Production this formation: 11/11/2011

Perforations Top: 6970 Bottom: 6994 No. Holes: 96 Hole size: 0.32

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

Frac Codell w/ 4117 bbls slickwater & 115,000 30/50 sand, spearhead 500 bbls 7% kcl ahead of frac.

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

**Test Information:**

Date: 11/12/2011 Hours: 24 Bbls oil: 67 Mcf Gas: 347 Bbls H2O: 68

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

Test Method: Flowing Casing PSI: 375 Tubing PSI:            Choke Size: 12/16

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1260 API Gravity Oil: 48

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:

FORMATION: NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: \_\_\_\_\_ Date of First Production this formation: 03/04/2012  
Perforations Top: 6648 Bottom: 6994 No. Holes: 360 Hole size: 0.32

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

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

**Test Information:**

Date: \_\_\_\_\_ Hours: 24 Bbls oil: 52 Mcf Gas: 77 Bbls H2O: 26  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
Test Method: Plunger lift Casing PSI: 1200 Tubing PSI: 350 Choke Size: 32/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1240 API Gravity Oil: 46  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6956 Tbg setting date: 03/03/2012 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: \_\_\_\_\_

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 01/02/2012 Date of First Production this formation: 01/03/2012  
Perforations Top: 6648 Bottom: 6760 No. Holes: 264 Hole size: 0.32

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

Frac Niobrara w/ 5984 bbls slickwater \$ 200,250#s 40/70 resin coated sand, spearhead 12 bbls 15% hcl acid & 500 bbls kcl water ahead of frac.

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

**Test Information:**

Date: 01/08/2012 Hours: 24 Bbls oil: 102 Mcf Gas: 147 Bbls H2O: 70  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
Test Method: Flowing Casing PSI: 350 Tubing PSI: \_\_\_\_\_ Choke Size: 14/16  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1240 API Gravity Oil: 47  
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: Jeff Reale

Title: Agent Date: \_\_\_\_\_ Email: lam53@msn.com

### Attachment Check List

Att Doc Num	Name
400275405	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)