

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



Table with 4 columns: DE, ET, OE, ES

Document Number: 400264199

Date Received:

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

5. API Number 05-123-30724-00
6. County: WELD
7. Well Name: NELSON
Well Number: 5-51
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: 11/06/2011 Date of First Production this formation: 11/17/2011
Perforations Top: 6960 Bottom: 6984 No. Holes: 48 Hole size: 0.32
Provide a brief summary of the formation treatment: Open Hole: [ ]
Frac Codell w/ 4116 bbls slickwater & 115,000 30/50 sand, spearhead 500 bbls 7% KCL ahead of frac.
This formation is commingled with another formation: [ ] Yes [X] No
Test Information:
Date: 11/18/2011 Hours: 24 Bbls oil: 77 Mcf Gas: 176 Bbls H2O: 120
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: Flowing Casing PSI: 500 Tubing PSI: Choke Size: 12/16
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1240 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: 03/01/2012

Perforations Top: 6624 Bottom: 6984 No. Holes: 376 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: 03/03/2012 Hours: 24 Bbls oil: 83 Mcf Gas: 212 Bbls H2O: 30

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

Test Method: Plungerlift Casing PSI: 1350 Tubing PSI: 800 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1240 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6946 Tbg setting date: 02/28/2012 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: 6624 Bottom: 6852 No. Holes: 328 Hole size: 0.32

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

Frac Niobrara w/ 6015 bbls skickwater & 200,250#s 40/70 sand and 4,000#s 20/40 resn coat. Spearhead 12 bbls hcl acid & 500 bbls 7% kcl water ahead of frac.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 01/07/2012 Hours: 24 Bbls oil: 58 Mcf Gas: 141 Bbls H2O: 164

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

Test Method: Flowing Casing PSI: 500 Tubing PSI: \_\_\_\_\_ Choke Size: 12/16

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1260 API Gravity Oil: 49

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
400275417	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)