

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:

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

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 05-123-30724-00

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 ☒ 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> |
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| | | |

Total: 0 comment(s)