

FORM 5A

Rev 02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number: 400276925

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: 49100 4. Contact Name: Natalie Naeve
 2. Name of Operator: KOCH EXPLORATION COMPANY, LLC Phone: (303) 325-2565
 3. Address: 9777 PYRAMID CT STE 210 Fax: (303) 325-2599
 City: ENGLEWOOD State: CO Zip: 80112

5. API Number 05-103-09876-00 6. County: RIO BLANCO
 7. Well Name: WRD FEDERAL Well Number: 5-29
 8. Location: QtrQtr: NWNW Section: 29 Township: 2N Range: 97W Meridian: 6
 9. Field Name: WHITE RIVER Field Code: 92800

Completed Interval

FORMATION: WASATCH Status: TEMPORARILY ABANDONED

Treatment Date: 08/15/2001 Date of First Production this formation: 08/15/2001

Perforations Top: 1790 Bottom: 1795 No. Holes: 12 Hole size: _____

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

Previous operator added zones after testing wet zones below at 2524-2544'. Lower zones plugged back with CIBP set at 2400'. New zones added from 1790-95' on 8/15/2001. No completion reports available to determine perf sizes, test details, etc. Only mention of zone being added found in wellbore diagram, with comments saying "Perf'd 1790-1795'. Slight increase in gas. land tubing and RTP".

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/15/2001 Hours: 24 Bbls oil: 0 Mcf Gas: 20 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 20 Bbls H2O: 0 GOR: 0

Test Method: RTP Casing PSI: 35 Tubing PSI: 35 Choke Size: _____

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1000 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 1765 Tbg setting date: 08/15/2001 Packer Depth: _____

Reason for Non-Production:

Well TA'd after declining production. Last prod 01/2008.

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: WASATCH A Status: TEMPORARILY ABANDONED

Treatment Date: 12/03/2001 Date of First Production this formation: 12/08/2001

Perforations Top: 351 Bottom: 496 No. Holes: 52 Hole size: _____

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

Previous operator completed zones in the Wasatch formation. Perf intervals were 351-356', 386-394', and 483-496'.

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/08/2001 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 5

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 5 GOR: 0

Test Method: pumping unit Casing PSI: 35 Tubing PSI: 35 Choke Size: _____

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1000 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 2376 Tbg setting date: 12/04/2001 Packer Depth: _____

Reason for Non-Production: _____

Water production only. Well TA'd after testing

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: WASATCH B Status: SHUT IN

Treatment Date: 08/14/2001 Date of First Production this formation: 08/14/2001

Perforations Top: 2524 Bottom: 2544 No. Holes: 40 Hole size: _____

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

Previous operator tested zones from 2524-2544' in the Wasatch formation. Reports indicated swab tests with only water production. Zone was plugged back using CIBP set at 2400' on 8/15/2001.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/14/2001 Hours: 24 Bbls oil: _____ Mcf Gas: _____ Bbls H2O: 10

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 10 GOR: 0

Test Method: swab Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 1765 Tbg setting date: 08/15/2001 Packer Depth: _____

Reason for Non-Production: _____

Zone tested wet and plugged back.

Date formation Abandoned: 08/15/2001 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 2400 Sacks cement on top: 0

Comment: _____

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

Signed: _____ Print Name: Natalie Naeve

Title: Operations Engineer Date: _____ Email: natalie.naeve@kochind.com

Attachment Check List

Att Doc Num	Name
400276933	WELLBORE DIAGRAM
400276934	OPERATIONS SUMMARY
400276937	WELLBORE DIAGRAM
400276938	OPERATIONS SUMMARY

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)