

FORM
5ARev
06/12

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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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: 10299 4. Contact Name: Jake Flora
 2. Name of Operator: KUENZLER & FLORA RESERVE COMPANY Phone: (720) 988-5375
 3. Address: 3310 W AQUEDUCT AVE Fax: _____
 City: LITTLETON State: CO Zip: 80123

5. API Number 05-017-07533-00 6. County: CHEYENNE
 7. Well Name: RED LADY Well Number: 1-36
 8. Location: QtrQtr: NENE Section: 36 Township: 12S Range: 46W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: SHAWNEE Status: PRODUCING Treatment Type: ACID JOB
 Treatment Date: 03/29/2012 End Date: 03/29/2012 Date of First Production this formation: 05/10/2012
 Perforations Top: _____ Bottom: _____ No. Holes: 16 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Pumped 500 gal 15% HCL, displaced with KCL water

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 30Max pressure during treatment (psi): 250Total gas used in treatment (mcf): 0Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: _____

Number of staged intervals: 0Total acid used in treatment (bbl): 12Max frac gradient (psi/ft): 0.60Recycled water used in treatment (bbl): 0Flowback volume recovered (bbl): 60Fresh water used in treatment (bbl): 18Disposition method for flowback: DISPOSALTotal proppant used (lbs): 0Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/10/2012 Hours: 24 Bbl oil: 30 Mcf Gas: 0 Bbl H2O: 85
 Calculated 24 hour rate: Bbl oil: 30 Mcf Gas: 0 Bbl H2O: 86 GOR: 0
 Test Method: Pump Casing PSI: 0 Tubing PSI: 20 Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 35
 Tubing Size: 2 + 3/8 Tubing Setting Depth: _____ Tbg setting date: 03/30/2012 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: _____

Comment:

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

Signed: _____ Print Name: Jake Flora

Title: Petroleum Engineer Date: _____ Email jakeflora@kfrcorp.com
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Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)