

FORM 5A

Rev 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: 77330 4. Contact Name: Enid Grubb
 2. Name of Operator: SG INTERESTS I LTD Phone: (970) 385-0696
 3. Address: 1485 FLORIDA RD #C202 Fax: (970) 385-0636
 City: DURANGO State: CO Zip: 81301

5. API Number 05-051-06100-00 6. County: GUNNISON
 7. Well Name: COW SKULL 11-89-18 Well Number: 2
 8. Location: QtrQtr: NESW Section: 18 Township: 11S Range: 89W Meridian: 6
 9. Field Name: BULL MOUNTAIN Field Code: 7815

Completed Interval

FORMATION: CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/11/2011 End Date: 12/11/2011 Date of First Production this formation: 12/17/2011

Perforations Top: 3963 Bottom: 3972 No. Holes: 36 Hole size: 0.42

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

1503 gal 15% HCl + 75,693 gal x-linked gel + 144,500# sand

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Number of staged intervals: _____

Total acid used in treatment (bbl): _____ Max frac gradient (psi/ft): _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/17/2011 Hours: 6 Bbl oil: 0 Mcf Gas: 431 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1647 Bbl H2O: 0 GOR: _____

Test Method: Sold Casing PSI: _____ Tubing PSI: 155 Choke Size: 1.625

Gas Disposition: SOLD Gas Type: WET Btu Gas: 985 API Gravity Oil: 0

Tubing Size: 2.875 Tubing Setting Depth: 3958 Tbg setting date: 12/15/2011 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: Enid Grubb

Title: Regulatory Specialist Date: _____ Email: egrubb@sginterests.com
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Attachment Check List

Att Doc Num	Name
400292083	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)