

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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Document Number:

400287679

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

5. API Number 05-051-06070-00
6. County: GUNNISON
7. Well Name: FALCON SEABOARD
Well Number: 11-90-12 #1A
8. Location: QtrQtr: SWNW Section: 12 Township: 11S Range: 90W Meridian: 6
9. Field Name: BULL MOUNTAIN Field Code: 7815

Completed Interval

FORMATION: WILLIAMS FORK COAL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/13/2011 End Date: 12/13/2011 Date of First Production this formation: 01/17/2007

Perforations Top: 3810 Bottom: 3889 No. Holes: 56 Hole size: 0.36

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

1,511 gal 15% HCl + 70,771 gal x-linked gel + 99,000# 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: 12/20/2011 Hours: 8 Bbl oil: 0 Mcf Gas: 21 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 61 Bbl H2O: 0 GOR:

Test Method: Sold Casing PSI: Tubing PSI: 168 Choke Size: 0.5

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1109 API Gravity Oil: 0

Tubing Size: 2.375 Tubing Setting Depth: 3809 Tbg setting date: 10/20/2006 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: Enid Grubb

Title: Regulatory specialist Date: _____ Email: egrubb@sginterests.com
:

Attachment Check List

Att Doc Num	Name
400292072	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)