

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: 10132 2. Name of Operator: GENESIS GAS & OIL LLC 3. Address: 1701 WALNUT STREET - 4TH FL City: KANSAS CITY State: MO Zip: 64108 4. Contact Name: DAVID JENSEN Phone: (816) 222-7500 Fax: (816) 222-7501

5. API Number 05-103-10895-00 6. County: RIO BLANCO 7. Well Name: FLETCHER GULCH Well Number: 4-13 8. Location: QtrQtr: LOT 6 Section: 4 Township: 1N Range: 100W Meridian: 6 9. Field Name: FLETCHER GULCH Field Code: 24062

Completed Interval

FORMATION: WILLIAMS FORK COAL Status: PRODUCING Treatment Type: Treatment Date: 07/09/2009 End Date: Date of First Production this formation: 07/17/2009 Perforations Top: 1889 Bottom: 2092 No. Holes: 132 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: 80,570 GALS 70Q N2 FOAM WITH 1973# 100-MESH AND 100,008# 16/30 SAND PUMPED IN 3 STAGES.

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: 07/17/2009 Hours: 24 Bbl oil: 0 Mcf Gas: 105 Bbl H2O: 172 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 105 Bbl H2O: 172 GOR: 0 Test Method: PUMPING Casing PSI: 0 Tubing PSI: 100 Choke Size: 75/100 Gas Disposition: VENTED Gas Type: COAL GAS Btu Gas: 890 API Gravity Oil: 0 Tubing Size: 2 + 7/8 Tubing Setting Depth: 2214 Tbg setting date: 07/15/2009 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: DAVID B. JENSEN

Title: EXEC VICE PRESIDENT Date: 4/13/2012 Email: DJENSEN@GENESISGO.COM  
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### **Attachment Check List**

Att Doc Num	Name
2288249	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

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