

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:

400269018

Date Received:

06/06/2012

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: 10347 4. Contact Name: Christi Scritchfield
2. Name of Operator: CONTINENTAL RESOURCES INC Phone: (580) 233-8955
3. Address: PO BOX 1032 Fax: (580) 548-5293
City: ENID State: OK Zip: 73703

5. API Number 05-123-34825-00 6. County: WELD
7. Well Name: Buchner Well Number: 1-2H
8. Location: QtrQtr: Lot 1 Section: 2 Township: 7N Range: 60W Meridian: 6
9. Field Name: CROW Field Code: 13600

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: _____
Treatment Date: 03/21/2012 End Date: _____ Date of First Production this formation: 04/27/2012
Perforations Top: 6088 Bottom: 15680 No. Holes: 1224 Hole size: 32/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Pumped 35 stage frac job via plug and perf. Average rate was 44.7 bpm. Max rate was 60.2 bpm.
Average pressure was 3880 psi. Max pressure was 6960 psi.
Totals: Water 111,061 bbls; 40/70 sand - 687, 698 lbs.; 20/40 sand - 5,124,455 lbs.; 20/40 resin - 1,084,238 lbs.

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: _____ Max frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

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: 04/25/2012 Hours: 24 Bbl oil: 639 Mcf Gas: 374 Bbl H2O: 662
Calculated 24 hour rate: Bbl oil: 639 Mcf Gas: 374 Bbl H2O: 662 GOR: 585
Test Method: Production Casing PSI: 0 Tubing PSI: 150 Choke Size: 43/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1582 API Gravity Oil: 37
Tubing Size: 4 + 1/2 Tubing Setting Depth: 15664 Tbg setting date: 03/12/2012 Packer Depth: 15664

Reason for Non-Production: _____

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

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

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: Christi Scritchfield

Title: Regulatory Compliancd Date: 6/6/2012 Email: christi.scratchfield@clr.com
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Attachment Check List

Att Doc Num	Name
400269018	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)