

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, reoperation 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: 10316
2. Name of Operator: MESA ENERGY PARTNERS LLC
3. Address: 1001 17TH ST STE 1140
City: DENVER State: CO Zip: 80202
4. Contact Name: KEVIN WELLER
Phone: (303) 951-0483
Fax: (303) 951-0488

5. API Number 05-103-11769-00
6. County: RIO BLANCO
7. Well Name: BDU
Well Number: 1-9-299
8. Location: QtrQtr: NESE Section: 1 Township: 2S Range: 99W Meridian: 6
9. Field Name: SULPHUR CREEK Field Code: 80090

Completed Interval

FORMATION: ILES Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/01/2011 End Date: Date of First Production this formation: 10/06/2011

Perforations Top: 8715 Bottom: 9646 No. Holes: 102 Hole size: 38/100

Provide a brief summary of the formation treatment: Open Hole: [X]

1,247,000 GAL. SLICKWATER, 404,000 LBS. 30/50 WHITESAND,.

This formation is commingled with another formation: [X] 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: Hours: Bbl oil: Mcf Gas: Bbl H2O:

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

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: 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: ** Wireline and Cement Job Summary must be attached.

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

Treatment Date: 10/01/2011 End Date: _____ Date of First Production this formation: 10/06/2011
Perforations Top: 7717 Bottom: 8561 No. Holes: 81 Hole size: 38/100

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

1,064,000 GAL SLICKWATER, 330,000 LB. 30/50 WHITESAND.

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: 10/27/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 1782 Bbl H2O: 736

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1782 Bbl H2O: 736 GOR: 0

Test Method: ORIFICE METER Casing PSI: 2496 Tubing PSI: 1529 Choke Size: 20

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1250 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8857 Tbg setting date: 09/30/2011 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: _____ ** Wireline and Cement Job Summary must be attached.

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: _____ Print Name: PATRICIA A. KACERGUIS
Title: SR. VICE PRESIDENT Date: 3/14/2012 Email: PKACERGUIS@MESA-ENERGY.NET

Attachment Check List

Att Doc Num	Name
2287910	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	off hold; form 5 passed.	7/18/2012 8:08:44 AM
Permit	On Hold pending form 5 approval.	6/18/2012 8:02:30 AM

Total: 2 comment(s)