

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:

400264193

Date Received:

04/23/2012

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: 22400
2. Name of Operator: DJ PRODUCTION SERVICES INC
3. Address: 1273 FALCON COURT
City: WINDSOR State: CO Zip: 80550
4. Contact Name: Jeff Reale
Phone: (303) 947-1387
Fax: (970) 667-0046

5. API Number 05-123-30721-00
6. County: WELD
7. Well Name: NELSON
Well Number: 5-31
8. Location: QtrQtr: NWNE Section: 5 Township: 4N Range: 67W Meridian: 6
9. Field Name: JOHNSTOWN Field Code: 42600

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type:
Treatment Date: 11/08/2011 End Date: Date of First Production this formation: 11/11/2011
Perforations Top: 6970 Bottom: 6994 No. Holes: 96 Hole size: 0.32

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac Codell w/ 4117 bbls slickwater & 115,000 30/50 sand, spearhead 500 bbls 7% kcl ahead of frac.

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: 11/12/2011 Hours: 24 Bbl oil: 67 Mcf Gas: 347 Bbl H2O: 68
Calculated 24 hour rate: Bbl oil: 67 Mcf Gas: 347 Bbl H2O: 68 GOR: 5179
Test Method: Flowing Casing PSI: 375 Tubing PSI: Choke Size: 12/16
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1260 API Gravity Oil: 48
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: NIOBRARA-CODELL Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 03/04/2012

Perforations Top: 6648 Bottom: 6994 No. Holes: 360 Hole size: 0.32

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

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: _____ Hours: 24 Bbl oil: 52 Mcf Gas: 77 Bbl H2O: 26

Calculated 24 hour rate: Bbl oil: 52 Mcf Gas: 77 Bbl H2O: 26 GOR: 1480

Test Method: Plunger lift Casing PSI: 1200 Tubing PSI: 350 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1240 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6956 Tbg setting date: 03/03/2012 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: NIOBRARA Status: PRODUCING Treatment Type: _____
Treatment Date: 01/02/2012 End Date: _____ Date of First Production this formation: 01/03/2012
Perforations Top: 6648 Bottom: 6760 No. Holes: 264 Hole size: 0.32

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac Niobrara w/ 5984 bbls slickwater \$ 200,250#s 40/70 resin coated sand, spearhead 12 bbls 15% hcl acid & 500 bbls kcl water ahead of frac.

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: 01/08/2012 Hours: 24 Bbl oil: 102 Mcf Gas: 147 Bbl H2O: 70
Calculated 24 hour rate: Bbl oil: 102 Mcf Gas: 147 Bbl H2O: 70 GOR: 1441
Test Method: Flowing Casing PSI: 350 Tubing PSI: _____ Choke Size: 14/16
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1240 API Gravity Oil: 47
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.

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Jeff Reale

Title: Agent Date: 4/23/2012 Email: lam53@msn.com

Attachment Check List

Att Doc Num	Name
400264193	FORM 5A SUBMITTED
400275405	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	Input 24 hour rates based on test data.	7/23/2012 7:12:20 AM

Total: 1 comment(s)