

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:

400283911

Date Received:

05/23/2012

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: 68710 4. Contact Name: CLAYTON DOKE
2. Name of Operator: PETERSON ENERGY OPERATING INC Phone: (970) 669-7411
3. Address: 2154 W EISENHOWER BLVD Fax: (970) 669-4077
City: LOVELAND State: CO Zip: 80537

5. API Number 05-123-34139-00 6. County: WELD
7. Well Name: 392 VENTURES Well Number: 22ND
8. Location: QtrQtr: SENW Section: 22 Township: 6N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: _____
Treatment Date: 03/01/2012 End Date: _____ Date of First Production this formation: 03/21/2012
Perforations Top: 7182 Bottom: 7194 No. Holes: 48 Hole size: 042/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

159,798 gal slickwater with 30/50 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: _____

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: 03/21/2012 Hours: 24 Bbl oil: 47 Mcf Gas: 5 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 47 Mcf Gas: 5 Bbl H2O: 0 GOR: 107
Test Method: Flowing Casing PSI: 1300 Tubing PSI: _____ Choke Size: 08/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1283 API Gravity Oil: 43
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:

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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: CLAYTON DOKE

Title: PETROLEUM ENGINEER Date: 5/23/2012 Email cdoke@petersonenergy.com
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Attachment Check List

Att Doc Num	Name
400283911	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)