

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: 95520 4. Contact Name: TOM KIRKWOOD
2. Name of Operator: WESCO OPERATING INC Phone: (307) 577-5328
3. Address: P O BOX 1706 City: CASPER State: WY Zip: 82602 Fax: (307) 265-1791

5. API Number 05-081-05249-00 6. County: MOFFAT
7. Well Name: GOV'T-TRELEAVEN Well Number: 4
8. Location: QtrQtr: NENE Section: 31 Township: 5N Range: 95W Meridian: 6
9. Field Name: DANFORTH HILLS Field Code: 15290

Completed Interval

FORMATION: SUNDANCE Status: TEMPORARILY ABANDONED Treatment Type: ACID JOB
Treatment Date: End Date: Date of First Production this formation: 10/01/1959
Perforations Top: 6700 Bottom: 6714 No. Holes: 56 Hole size:
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: 10/30/1959 Hours: 24 Bbl oil: 672 Mcf Gas: 0 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 672 Mcf Gas: 0 Bbl H2O: 0 GOR: 0
Test Method: PMP Casing PSI: Tubing PSI: 180 Choke Size:
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 34
Tubing Size: 2 + 7/8 Tubing Setting Depth: 6660 Tbg setting date: 10/10/1959 Packer Depth: 6660

Reason for Non-Production: DEPEND TO PHOSPHORIA WITH HORIZONTAL LEG

Date formation Abandoned: 10/23/1990 Squeeze: Yes No If yes, number of sacks cmt 100

** 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: TOM KIRKWOOD
Title: ENGINEER Date: 7/11/2012 Email TOMK@KIRKWOODCOMPANIES.COM
:

Attachment Check List

Att Doc Num	Name
2170111	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	BTU GAS IS REQUIRED FIELD IF MCF GAS IS ENTERED.	7/23/2012 12:29:55 PM

Total: 1 comment(s)