

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:

2170111

Date Received:

07/23/2012

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

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### **Attachment Check List**

Att Doc Num	Name
2170111	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 1 comment(s)