

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



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: 78110
2. Name of Operator: SWEPI LP
3. Address: 4582 S ULSTER ST PKWY #1400
City: DENVER State: CO Zip: 80237
4. Contact Name: Michael Bergstrom
Phone: (303) 222-6347
Fax: (303) 222-6258

5. API Number 05-081-07622-00
6. County: MOFFAT
7. Well Name: DURHAM
Well Number: 1-31
8. Location: QtrQtr: SWSE Section: 31 Township: 5N Range: 90W Meridian: 6
9. Field Name: WADDLE CREEK Field Code: 90450

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 01/17/2012

Perforations Top: 3157 Bottom: 6650 No. Holes: 300 Hole size: 3/8

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

No formation treatment. Did not perforate, liner was pre-perforated.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Max frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
Rule 805 green completion techniques were utilized: []

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/17/2012 Hours: 5 Bbl oil: 42 Mcf Gas: 0 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 202 Mcf Gas: 0 Bbl H2O: 0 GOR: 0
Test Method: producing Casing PSI: 26 Tubing PSI: 22 Choke Size:
Gas Disposition: FLARED Gas Type: DRY Btu Gas: 0 API Gravity Oil: 42
Tubing Size: 2 + 7/8 Tubing Setting Depth: 3346 Tbg setting date: 01/08/2012 Packer Depth: 2140

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:

Confidentiality request was submitted via Sundry and approved by COGCC on 3/16/2012

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

Signed: _____ Print Name: Michael Bergstrom

Title: Senior Regulatory Advisor Date: 3/27/2012 Email michael.bergstrom@shell.com

Attachment Check List

Att Doc Num	Name
1533630	WELLBORE DIAGRAM
400247183	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Off hold; form 5 approved. Attached revised WBD.	8/29/2012 8:00:55 AM
Permit	On Hold. Not reviewed waiting for form 5.	6/12/2012 1:28:11 PM

Total: 2 comment(s)