

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:

2237634

Date Received:

10/09/2012

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: 10385
2. Name of Operator: AUBURN OPERATING COMPANY LLC
3. Address: PO BOX 50203
City: MIDLAND State: TX Zip: 79710
4. Contact Name: WILLIAM C. HEARD
Phone: (432) 683-8000
Fax: (432) 683-8250

5. API Number 05-073-06462-00
6. County: LINCOLN
7. Well Name: Safranek
Well Number: 04-1296H
8. Location: QtrQtr: NWNW Section: 12 Township: 9S Range: 56W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: CHEROKEE Status: TEMPORARILY ABANDONED Treatment Type:

Treatment Date: 03/21/2012 End Date: 03/22/2012 Date of First Production this formation:

Perforations Top: 7740 Bottom: 7750 No. Holes: 60 Hole size: 57/100

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

TUBING-CONVEYED PERFORATED - NO OTHER TREATMENT

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: Min 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: 48 Bbl oil: 58 Mcf Gas: 0 Bbl H2O: 43

Calculated 24 hour rate: Bbl oil: 29 Mcf Gas: Bbl H2O: 22 GOR:

Test Method: SWAB Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: VENTED Gas Type: WET Btu Gas: 0 API Gravity Oil: 1

Tubing Size: 2 + 7/8 Tubing Setting Depth: 7765 Tbg setting date: 03/20/2012 Packer Depth: 7725

Reason for Non-Production: EVALUATE ZONE FOR POSSIBLE REMEDIAL OPERATION; TEST MARMATON.

Date formation Abandoned: 03/28/2012 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt

** Bridge Plug Depth: 7730 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: MARMATON Status: SHUT IN Treatment Type: _____
Treatment Date: 03/29/2012 End Date: _____ Date of First Production this formation: 03/30/2012
Perforations Top: 7668 Bottom: 7678 No. Holes: 60 Hole size: 57/100
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

TUBING-CONVEYED PERFORATED - NO OTHER TREATMENT.

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: _____ Min 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: 144 Bbl oil: 25 Mcf Gas: 0 Bbl H2O: 1242
Calculated 24 hour rate: Bbl oil: 4 Mcf Gas: _____ Bbl H2O: 207 GOR: _____
Test Method: SWAB Casing PSI: 825 Tubing PSI: _____ Choke Size: _____
Gas Disposition: VENTED Gas Type: WET Btu Gas: 0 API Gravity Oil: 1
Tubing Size: 2 + 7/8 Tubing Setting Depth: 7678 Tbg setting date: 03/28/2012 Packer Depth: 7632

Reason for Non-Production: EVALUATE ZONE FOR POSSIBLE REMEDIAL OPERATION AND PRODUCTION EQUIPMENT.

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: WILLIAM HEARD
Title: DRILLING ENGINEER Date: 5/3/2012 Email: BHEARD@SIERRA-ENGINEERING.NET

Attachment Check List

Att Doc Num	Name
2237634	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Data Entry	API GRAVITY FIELD IS REQUIRED IF BBLs OIL IS ENTERED.	10/9/2012 4:10:08 PM

Total: 1 comment(s)