

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:

2237633

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 05-073-06461-00
6. County: LINCOLN
7. Well Name: Stum
Well Number: 06-0715
8. Location: QtrQtr: SENW Section: 7 Township: 11S Range: 55W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: CHEROKEE Status: TEMPORARILY ABANDONED Treatment Type:
Treatment Date: 04/12/2012 End Date: Date of First Production this formation: 04/13/2012
Perforations Top: 7279 Bottom: 7299 No. Holes: 120 Hole size: 57/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

TUBING-CONVEYED PERFORATED 4/7/2012. ACIDIZED WITH 500 GALLONS 15% NEFE 4/12/2012.

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: 0 Mcf Gas: 0 Bbl H2O: 30
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 15 GOR:
Test Method: SWAB Casing PSI: 1050 Tubing PSI: Choke Size:
Gas Disposition: VENTED Gas Type: WET Btu Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 7268 Tbg setting date: 04/10/2012 Packer Depth: 7250

Reason for Non-Production: EVALUATE ZONE; TEST MARMATON

Date formation Abandoned: 04/14/2012 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt

** Bridge Plug Depth: 7275 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: MARMATON Status: SHUT IN Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: 04/21/2012
Perforations Top: 7198 Bottom: 7246 No. Holes: 132 Hole size: 57/100
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

WIRELINE PERFORATED 7227-7233' AND 7240-7246' 4/15/2012. TUBING-CONVEYED PERFORATED 7198-7208' 4/17/2012.
ACIDIZED ALL PERFS WITH 750 GALLONS 15% MOD 202 4/21/2012.

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: 110 Mcf Gas: 0 Bbl H2O: 210
Calculated 24 hour rate: Bbl oil: 55 Mcf Gas: 0 Bbl H2O: 105 GOR: _____
Test Method: SWAB Casing PSI: 800 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: 7209 Tbg setting date: 04/16/2012 Packer Depth: 7162

Reason for Non-Production: EVALUATE FOR 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
2237633	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 3:45:42 PM

Total: 1 comment(s)