

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: 34725
2. Name of Operator: GOSNEY & SONS INC
3. Address: P O BOX 367 City: BAYFIELD State: CO Zip: 81122
4. Contact Name: MATT BARNETT Phone: (970) 884-9533 Fax: (970) 884-0321

5. API Number 05-067-09857-00
6. County: LA PLATA
7. Well Name: GOSNEY Well Number: 3-A
8. Location: QtrQtr: NWNE Section: 12 Township: 33N Range: 7W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type:
Treatment Date: 11/10/2011 End Date: Date of First Production this formation: 12/29/2011
Perforations Top: 3104 Bottom: 3224 No. Holes: 184 Hole size: 50/100

Provide a brief summary of the formation treatment:

Open Hole: []

BREAKDOWN WITH 3,450 GAL 15% HCL. FRACTURE-STIMULATED IN TWO STAGES WITH 262,000 LBS OF PROPPANT (86% 20/40 SAND AND 14% 14/30 FLEX SAND) IN 3,594 BBLS GELLED WATER.

This formation is commingled with another formation: [] Yes [X] 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: 12/29/2011 Hours: 1 Bbl oil: 0 Mcf Gas: 4 Bbl H2O: 1
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 96 Bbl H2O: 24 GOR:
Test Method: FLOWING Casing PSI: 605 Tubing PSI: 130 Choke Size: 8/64
Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 921 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 3082 Tbg setting date: 11/23/2011 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: [] Yes [X] 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: MATTHEW BARNETT

Title: SECRETARY Date: 1/6/2012 Email MATTB@GOSNEYCO.COM
:

Attachment Check List

Att Doc Num	Name
2286841	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

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