

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:

2288039

Date Received:

03/12/2012

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: 10254
2. Name of Operator: RED MESA HOLDINGS/O&G LLC
3. Address: 5619 DTC PARKWAY - STE 800
City: GREENWOOD State: CO Zip: 80111
4. Contact Name: RICH LARSON
Phone: (970) 588-3302
Fax: (970) 588-3562

5. API Number 05-067-09774-00
6. County: LA PLATA
7. Well Name: COMPTON
Well Number: 3
8. Location: QtrQtr: NWSE Section: 21 Township: 33N Range: 12W Meridian: N
9. Field Name: RED MESA Field Code: 72890

Completed Interval

FORMATION: DAKOTA Status: TEMPORARILY ABANDONED Treatment Type:
Treatment Date: 11/13/2009 End Date: Date of First Production this formation:
Perforations Top: 3529 Bottom: 3339 No. Holes: 40 Hole size: 3/8

Provide a brief summary of the formation treatment:

Open Hole: ☐

SWAB TEST WITH NO FLUID RECOVERED.

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: 11/17/2009 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0 GOR:
Test Method: SWAB Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 3290 Tbg setting date: Packer Depth: 3294

Reason for Non-Production: NO IN FLOW OF PRODUCTION FLUIDS. WAITING FOR STIMULATION.

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.

FORMATION: GALLUP Status: WAITING ON COMPLETION Treatment Type: _____
Treatment Date: 11/19/2009 End Date: _____ Date of First Production this formation: _____
Perforations Top: 2632 Bottom: 2662 No. Holes: 120 Hole size: 3/8
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

PUMPED 15 BBLS 2% KCL TO BREAK DOWN FORMATION, ACIDIZED W/1200 GALS 15% HCL. RIG UP TO SWAB TEST - TOTAL FLUID PUMPED 45 BBLS. RECOVERED 10 BBLS.

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: 11/20/2009 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 10
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 10 GOR: _____
Test Method: SWAB Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 2584 Tbg setting date: _____ Packer Depth: 2591

Reason for Non-Production: NO IN FLOW OF PRODUCTION FLUIDS. WAITING FOR STIMULATION.

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: RICH LARSON
Title: AUTHORIZED PERSON Date: 3/8/2012 Email: RLARSON@REDMESA1.COM

Attachment Check List

Att Doc Num	Name
2288039	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)