

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

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**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>

Total: 0 comment(s)