

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:

2288038

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 05-067-09783-00
6. County: LA PLATA
7. Well Name: MACY
Well Number: 2
8. Location: QtrQtr: NWSE Section: 14 Township: 33N Range: 12W Meridian: N
9. Field Name: RED MESA Field Code: 72890

Completed Interval

FORMATION: DAKOTA Status: WAITING ON COMPLETION Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 3413 Bottom: 3419 No. Holes: 24 Hole size: 3/8

Provide a brief summary of the formation treatment:

Open Hole: ☐

11/7/19 - PUMPED 22 BBLS 2% KCL - PSI TO 2350', BLEED OFF TO 100# IN 15 MINUTES. NO PSI BUILD UP INDICATED.

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: 11/07/2009 Hours: 24 Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: SWAB Casing PSI: 0 Tubing PSI: 0 Choke Size: 0
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: 2 + 7/8 Tubing Setting Depth: 3400 Tbg setting date: 11/06/2009 Packer Depth: 3405

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: 2590 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: GALLUP Status: TEMPORARILY ABANDONED Treatment Type: _____
Treatment Date: 11/10/2009 End Date: _____ Date of First Production this formation: _____
Perforations Top: 2720 Bottom: 2753 No. Holes: 112 Hole size: 3/8
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

11/10 PUMPED 4 BBLs 2% KCL - 500 GALS 7.5% HCL W/INHIBITORS - 17 BBLs 2% KCL FLUSH. WELL WENT ON STRONG VAC AND LEFT SHUT IN OVER NIGHT. SWAB TEST RECOVERED 24 BBLs TOTAL. NO OIL AND GAS PRESSURE. 11/18 RAN CHEMFRAC AND PUMPED 55 BBLs AND RECOVERED 30 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: 11/18/2009 Hours: 24 Bbl oil: _____ Mcf Gas: _____ Bbl H2O: 30
Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: 30 GOR: _____
Test Method: SWAB Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
Tubing Size: 2 + 7/8 Tubing Setting Depth: 2676 Tbg setting date: 11/06/2009 Packer Depth: 2680

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: 2590 ** 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: RICHARD LARSON
Title: AUTHORIZED PERSON Date: 3/8/2012 Email: RLARSON@REDMESA1.COM

Attachment Check List

Att Doc Num	Name
2288038	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Data Entry	CHECK YEAR OF DATE OF SUMMARY OF FORMATION TREATMENT.	4/26/2012 3:59:24 PM

Total: 1 comment(s)