

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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Date Received:

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: 10375
2. Name of Operator: ULTRA RESOURCES INC
3. Address: 304 INVERNESS WAY SOUTH #295
City: ENGLEWOOD State: CO Zip: 80112
4. Contact Name: Debbie Ghani
Phone: (303) 645-9810
Fax:

5. API Number 05-041-06064-00
6. County: EL PASO
7. Well Name: BRUTUS STATE 33-14
Well Number: 1V
8. Location: QtrQtr: NWSE Section: 14 Township: 14S Range: 62W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA Status: SHUT IN Treatment Type:

Treatment Date: 04/15/2012 End Date: Date of First Production this formation:

Perforations Top: 5674 Bottom: 5710 No. Holes: 80 Hole size: 41/100

Provide a brief summary of the formation treatment: Open Hole: [ ]

Established rate of 2.5bpm, broke formation at 2733psi. Increased rate to 7.5bpm, pressure stabilized at 1200psi. Stepped rate down, monitored pressure. Pumped a total of 75bbl.

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: 04/15/2012 Hours: 100 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: Gauge Monitor Casing PSI: 0 Tubing PSI: 0 Choke Size:

Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 0

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: Lack of Formation Pressure.

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:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Debbie Ghani

Title: Sr. Permitting Specialist Date: \_\_\_\_\_ Email: dghani@ultrapetroleum.com  
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**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)