

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:

400344640

Date Received:

11/08/2012

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: 10299
2. Name of Operator: KUENZLER & FLORA RESERVE COMPANY
3. Address: 3310 W AQUEDUCT AVE
City: LITTLETON State: CO Zip: 80123
4. Contact Name: Jacob Flora
Phone: (720) 988-5375
Fax:

5. API Number 05-017-07722-00
6. County: CHEYENNE
7. Well Name: HARLEY
Well Number: 1
8. Location: QtrQtr: SENW Section: 5 Township: 14S Range: 44W Meridian: 6
9. Field Name: CHEYENNE WELLS Field Code: 11050

Completed Interval

FORMATION: MISSISSIPPIAN Status: PRODUCING Treatment Type: ACID JOB
Treatment Date: 09/18/2012 End Date: 09/18/2012 Date of First Production this formation: 11/02/2012
Perforations Top: 5409 Bottom: 5415 No. Holes: 24 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

500 gal 15% MCA

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: 11/02/2012 Hours: 24 Bbl oil: 55 Mcf Gas: 0 Bbl H2O: 5
Calculated 24 hour rate: Bbl oil: 55 Mcf Gas: 0 Bbl H2O: 5 GOR: 0
Test Method: pump Casing PSI: 0 Tubing PSI: 30 Choke Size:
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 38
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5425 Tbg setting date: 09/19/2012 Packer Depth:

Reason for Non-Production:

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: Jacob Flora

Title: Petroleum Engineer Date: 11/8/2012 Email jakeflora@kfrcorp.com
:

Attachment Check List

Att Doc Num	Name
400344640	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Requested form 5 well completion.	11/8/2012 12:08:09 PM

Total: 1 comment(s)