

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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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 05-061-06178-00 6. County: KIOWA 7. Well Name: ANSCHUTZ Well Number: 1-5 8. Location: QtrQtr: NWNE Section: 5 Township: 19S Range: 44W Meridian: 6 9. Field Name: SHERIDAN LAKE Field Code: 77350

Completed Interval

FORMATION: LANSING-KANSAS CITY Status: PLUGGED AND ABANDONED Treatment Type: ACID JOB

Treatment Date: 09/28/2012 End Date: 09/28/2012 Date of First Production this formation:

Perforations Top: 4204 Bottom: 4208 No. Holes: 16 Hole size: 0.38

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

pumped 500 gal 15% MCA

This formation is commingled with another formation: [ ] Yes [X] No

Total fluid used in treatment (bbl): 32 Max pressure during treatment (psi): 75

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Min frac gradient (psi/ft):

Total acid used in treatment (bbl): 12 Number of staged intervals:

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 32

Fresh water used in treatment (bbl): 20 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized: [ ]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/28/2012 Hours: 6 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 32

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 10 GOR: 0

Test Method: swab Casing PSI: 0 Tubing PSI: 0 Choke Size:

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

Tubing Size: 2 + 7/8 Tubing Setting Depth: 4212 Tbg setting date: 09/28/2012 Packer Depth: 4180

Reason for Non-Production: Wet

Date formation Abandoned: 09/28/2012 Squeeze: [ ] Yes [X] No If yes, number of sacks cmt

\*\* Bridge Plug Depth: 4170 \*\* Sacks cement on top: 2 \*\* Wireline and Cement Job Summary must be attached.

FORMATION: LANSING Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 09/28/2012 End Date: 09/28/2012 Date of First Production this formation: 11/06/2012

Perforations Top: 4104 Bottom: 4108 No. Holes: 16 Hole size: 0.38

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

pumped 500 gal 15% MCA

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 32 Max pressure during treatment (psi): 20

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): \_\_\_\_\_

Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): \_\_\_\_\_

Total acid used in treatment (bbl): 12 Number of staged intervals: \_\_\_\_\_

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): 20 Disposition method for flowback: \_\_\_\_\_

Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: 11/06/2012 Hours: 24 Bbl oil: 43 Mcf Gas: 0 Bbl H2O: 15

Calculated 24 hour rate: Bbl oil: 43 Mcf Gas: 0 Bbl H2O: 15 GOR: 0

Test Method: pump Casing PSI: 0 Tubing PSI: 30 Choke Size: \_\_\_\_\_

Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: 0 API Gravity Oil: 36

Tubing Size: 2 + 7/8 Tubing Setting Depth: 4125 Tbg setting date: 10/01/2012 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.

FORMATION: MARMATON Status: PLUGGED AND ABANDONED Treatment Type: ACID JOB  
 Treatment Date: 09/26/2012 End Date: 09/26/2012 Date of First Production this formation: \_\_\_\_\_  
 Perforations Top: 4376 Bottom: 4382 No. Holes: 24 Hole size: 0.38

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

This formation is commingled with another formation:  Yes  No  
 Total fluid used in treatment (bbl): 32 Max pressure during treatment (psi): 200  
 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): \_\_\_\_\_  
 Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): \_\_\_\_\_  
 Total acid used in treatment (bbl): 12 Number of staged intervals: \_\_\_\_\_  
 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 32  
 Fresh water used in treatment (bbl): 20 Disposition method for flowback: DISPOSAL  
 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: 09/27/2012 Hours: 4 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 32  
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 20 GOR: 0  
 Test Method: swab Casing PSI: 0 Tubing PSI: 0 Choke Size: \_\_\_\_\_  
 Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: 0 API Gravity Oil: 0  
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 4382 Tbg setting date: 09/26/2012 Packer Depth: 4350  
 Reason for Non-Production:   
 Date formation Abandoned: 09/26/2012 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_  
 \*\* Bridge Plug Depth: 4350 \*\* Sacks cement on top: 2 \*\* 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: Jacob Flora  
 Title: Partner Date: 11/13/2012 Email jakeflora@kfrcorp.com

**Attachment Check List**

Att Doc Num	Name
400345999	FORM 5A SUBMITTED
400346001	WELLBORE DIAGRAM
400346002	WIRELINE JOB SUMMARY

Total Attach: 3 Files

**General Comments**

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

Total: 0 comment(s)