

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:

2288917

Date Received:

08/17/2012

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: 81295
2. Name of Operator: RED WILLOW PRODUCTION COMPANY
3. Address: P O BOX 369
City: IGNACIO State: CO Zip: 81137
4. Contact Name: DENNIS CORKRAN
Phone: (970) 563-5163
Fax: (970) 563-5161

5. API Number 05-007-06289-00
6. County: ARCHULETA
7. Well Name: NORTH CARRACCAS 32-4
Well Number: 16D-1
8. Location: QtrQtr: NENE Section: 21 Township: 32N Range: 4W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND Status: PRODUCING Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 11/11/2011
Perforations Top: 4499 Bottom: 8019 No. Holes: 21120 Hole size: 1/2

Provide a brief summary of the formation treatment:

Open Hole: ☐

80 BBLS 15% HCL

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: 11/12/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 82 Bbl H2O: 120
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 82 Bbl H2O: 120 GOR:
Test Method: PRODUCTION TEST Casing PSI: 250 Tubing PSI: 500 Choke Size:
Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 924 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 4335 Tbg setting date: 11/28/2011 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: DENNIS CORKRAN

Title: DRILLING&PRODUCTION MANAG Date: 1/9/2012 Email RWOJCIK@RWPC.US
:

Attachment Check List

Att Doc Num	Name
2288917	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)