

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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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: 200184  
2. Name of Operator: TRILOGY RESOURCES LLC  
3. Address: 1151 EAGLE DRIVE #354  
City: LOVELAND State: CO Zip: 80537  
4. Contact Name: Jeff Reale  
Phone: (970) 669-3318  
Fax: (970) 667-0046

5. API Number 05-123-30457-00  
6. County: WELD  
7. Well Name: Keto  
Well Number: 7-43  
8. Location: QtrQtr: NESE Section: 7 Township: 4N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: SHUT IN Treatment Type:  
Treatment Date: End Date: Date of First Production this formation: 05/22/2012  
Perforations Top: 7084 Bottom: 7106 No. Holes: 88 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): 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: Hours: Bbl oil: Mcf Gas: Bbl H2O:  
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:  
Test Method: Casing PSI: Tubing PSI: Choke Size:  
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:  
Tubing Size: Tubing Setting Depth: Tbg setting date: 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: NIOBRARA-CODELL		Status: PRODUCING		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: 10/11/2012	
Perforations	Top: 6788	Bottom: 7106	No. Holes: 224	Hole size: 19/50	

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

Commingle Niobrara and Codell

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: <input type="checkbox"/>

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

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

**Test Information:**

Date: 10/14/2012	Hours: 24	Bbl oil: 109	Mcf Gas: 55	Bbl H2O: 38
Calculated 24 hour rate:	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____	GOR: 1981
Test Method: Plungerlift	Casing PSI: 500	Tubing PSI: 1000	Choke Size: _____	
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1314	API Gravity Oil: 49	
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7081	Tbg setting date: 10/10/2012	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: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION  
Treatment Date: 07/27/2012 End Date: 07/27/2012 Date of First Production this formation: 07/28/2012  
Perforations Top: 6788 Bottom: 7008 No. Holes: 136 Hole size: 19/50

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac Niobrara w/ 5864 bbls slickwater and 199,560# 40/70 sand and 4000# resin coated 20/40 sand. Spearhead 1000 gallons 15% HCL & 500 bbls KCL water ahead of frac.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 5864

Max pressure during treatment (psi): 5267

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 8.70

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.85

Total acid used in treatment (bbl): 24

Number of staged intervals: 1

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 700

Fresh water used in treatment (bbl): 5864

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 203560

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

#### Test Information:

Date: 08/02/2012 Hours: 24 Bbl oil: 101 Mcf Gas: 128 Bbl H2O: 65  
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: 789  
Test Method: Flowing Casing PSI: 450 Tubing PSI: Choke Size: 12/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1314 API Gravity Oil: 46  
Tubing Size: Tubing Setting Depth: Tbg setting date: 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:

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

Signed: Print Name: Jeff Reale  
Title: Manager Date: Email jeff@mistymountainop.com

#### Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)