

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: 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: [X] 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:

Commingled 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:

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

**Fracture stimulations must be reported on [FracFocus.org](http://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)