

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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Date Received: 04/23/2012

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: 60890 2. Name of Operator: MOUNTAIN PETROLEUM CORP 3. Address: 1801 BROADWAY STE 1250 City: DENVER State: CO Zip: 80202 4. Contact Name: Jake Flora Phone: (720) 988-5375 Fax:

5. API Number 05-063-06343-00 6. County: KIT CARSON 7. Well Name: PICKARD Well Number: 44-11 8. Location: QtrQtr: SESE Section: 11 Township: 11S Range: 46W Meridian: 6 9. Field Name: SMOKY HILL Field Code: 77570

Completed Interval

FORMATION: MORROW Status: PLUGGED AND ABANDONED Treatment Type:

Treatment Date: 04/10/2012 End Date: Date of First Production this formation:

Perforations Top: 5460 Bottom: 5464 No. Holes: 16 Hole size: 38/100

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

none

This formation is commingled with another formation: [] Yes [X] 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: 04/10/2012 Hours: 4 Bbl oil: 0 Mcf Gas: Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 490 Bbl H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 130 Tubing PSI: 80 Choke Size: 32/64

Gas Disposition: VENTED Gas Type: WET Btu Gas: 394 API Gravity Oil: 0

Tubing Size: 2.375 Tubing Setting Depth: 5460 Tbg setting date: 04/10/2012 Packer Depth:

Reason for Non-Production: subeconomic

Date formation Abandoned: 04/11/2012 Squeeze: [] Yes [] No If yes, number of sacks cmt

** Bridge Plug Depth: 5430 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: SHAWNEE Status: PLUGGED AND ABANDONED Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
 Perforations Top: 4550 Bottom: 4560 No. Holes: 40 Hole size: 38/100
 Provide a brief summary of the formation treatment: _____ Open Hole:

750 gal 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: 04/18/2012 Hours: 6 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 30
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 120 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: 2.375 Tubing Setting Depth: 4540 Tbg setting date: 04/18/2012 Packer Depth: 4540

Reason for Non-Production: dry

Date formation Abandoned: 04/19/2012 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 4500 ** 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: Jake Flora
 Title: Petroleum Engineer Date: 4/23/2012 Email jakeflora@kfrcorp.com

Attachment Check List

Att Doc Num	Name
400275755	FORM 5A SUBMITTED
400275760	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	Email to opr requesting Form 5, wellbore diagrams and logs 6/6/2012 NKP	3/6/2012 9:21:03 AM

Total: 1 comment(s)