

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:

2165217

Date Received:

02/04/2013

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: 10433
2. Name of Operator: PICEANCE ENERGY LLC
3. Address: 1512 LARIMER STREET #1000
City: DENVER State: CO Zip: 80202
4. Contact Name: RANDY NATVIG
Phone: (303) 339-4400
Fax: (303) 339-4399

5. API Number 05-077-09615-00
6. County: MESA
7. Well Name: NVEGA
Well Number: 23-224
8. Location: QtrQtr: SWNW Section: 23 Township: 9S Range: 93W Meridian: 6
9. Field Name: BUZZARD CREEK Field Code: 9500

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/30/2010 End Date: 12/06/2010 Date of First Production this formation: 12/09/2010

Perforations Top: 8557 Bottom: 8618 No. Holes: 21 Hole size: 38/100

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

THE INFORMATION IS FILLED OUT ACCURATELY TO THE BEST OF OUR KNOWLEDGE, THESE WELLS WERE COMPLETED BY DELTA PETROLEUM.

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: 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: 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: 2 + 3/8 Tubing Setting Depth: 8001 Tbg setting date: 11/18/2010 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: <u>CORCORAN</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>11/30/2010</u>		End Date: <u>12/06/2010</u>		Date of First Production this formation: <u>12/09/2010</u>	
Perforations	Top: <u>8730</u>	Bottom: <u>8798</u>	No. Holes: <u>24</u>	Hole size: <u>38/100</u>	

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

The information is filled out accurately to the best of our knowledge, these wells were completed by Delta Petroleum

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: <u>DISPOSAL</u>
Total proppant used (lbs): _____	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

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: <u>2 + 3/8</u>	Tubing Setting Depth: <u>8001</u>	Tbg setting date: <u>11/18/2010</u>	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: <u>WILLIAMS FORK - CAMEO</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>11/30/2010</u>		End Date: <u>12/06/2010</u>		Date of First Production this formation: <u>12/09/2010</u>	
Perforations	Top: <u>6144</u>	Bottom: <u>7933</u>	No. Holes: <u>240</u>	Hole size: <u>38/100</u>	

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

240 Bbls. 15% HCl Acid: 88,128 Bbls. fluid w/315 BBLS. ADDS: 444,561 # 100 MESH: 915,584 # 20/40 SAND.

The information is filled out accurately to the best of our knowledge, these wells were completed by Delta Petroleum

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

Total fluid used in treatment (bbl): <u>87813</u>	Max pressure during treatment (psi): <u>5493</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.34</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>664.00</u>
Total acid used in treatment (bbl): <u>240</u>	Number of staged intervals: <u>10</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>26618</u>
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>1360145</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

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: <u>2 + 3/8</u>	Tubing Setting Depth: <u>8001</u>	Tbg setting date: <u>11/18/2010</u>	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: WILLIAMS FORK-ILES Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/29/2010 End Date: 12/06/2010 Date of First Production this formation: 12/09/2010

Perforations Top: 6144 Bottom: 8798 No. Holes: 264 Hole size: 38/100

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

264 Bbls. 15% HCL Acid: 96.276 Bbls. fluid w/345 BBLs. Adds: 486.861 #100 mesh: 997.700 # 20/40_sand

The information is filled out accurately to the best of our knowledge, these wells were completed by Delta Petroleum

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

Total fluid used in treatment (bbl): 96276 Max pressure during treatment (psi): 6019

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 664.00

Total acid used in treatment (bbl): 264 Number of staged intervals: 10

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 26618

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

Total proppant used (lbs): 1484561 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/22/2010 Hours: 24 Bbl oil: 0 Mcf Gas: 1301 Bbl H2O: 1704

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1301 Bbl H2O: 1704 GOR: 0

Test Method: FLOWING Casing PSI: 1400 Tubing PSI: 1200 Choke Size: 44

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1100 API Gravity Oil: 0

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: RANDY NATVIG

Title: DRILLING MANAGER Date: 2/1/2013 Email: RNATVIG@LARAMIE-ENERGY.COM

Attachment Check List

Att Doc Num	Name
2165217	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Added treatment start/end dates for CRCRN & COZZ.	2/25/2013 8:27:04 AM
Data Entry	FORMATION: WFCM/ILES NOT AVAILABLE ON PULL DOWN. WF/ILES ENTERED.	2/22/2013 2:00:20 PM

Total: 2 comment(s)