

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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03/08/2013

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 05-077-09717-00

7. Well Name: NVega

8. Location: QtrQtr: NESW Section: 22 Township: 9s Range: 93w Meridian: 6

9. Field Name: BUZZARD CREEK Field Code: 9500

6. County: MESA

Well Number: 22-234

Completed Interval

FORMATION: <u>COZZETTE</u>		Status: <u>SHUT IN</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: _____		End Date: _____		Date of First Production this formation: <u>10/10/2009</u>	
Perforations	Top: <u>8436</u>	Bottom: <u>8516</u>	No. Holes: <u>15</u>	Hole size: <u>36/100</u>	

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

COZZETTE PRODUCED SPORADICALLY FROM 10/09 UNTIL 4/10 THEN SI

 THE INFORMATION IS FILLED OUT ACCURATELY TO THE BEST OF OUR KNOWLEDGE, THIS WELL WAS 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 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: _____	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: 8113 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.**

FORMATION: CORCORAN Status: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: _____ End Date: _____ Date of First Production this formation: 10/10/2009

Perforations Top: 8614 Bottom: 8616 No. Holes: 6 Hole size: 36/100

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

CORCORAN PRODUCED SPORADICALLY FROM 10/09 UNTIL; 4/10 THEN SI.

THE INFORMATION IS FILLED OUT ACCURATELY TO THE BEST OF OUR KNOWLEDGE, THIS WELL WAS 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: _____ 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: 8113 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: ROLLINS Status: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: _____ End Date: _____ Date of First Production this formation: 05/19/2010

Perforations Top: 7808 Bottom: 7896 No. Holes: 16 Hole size: 36/100

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

ORIGINALLY COMPLETED BY DELTA PETROLEUM.
ROLLINS PRODUCED SPORADICALLY FROM 5/10 UNTIL 6/11 THEN SI SINCE
COMPOSITE BP SET AT 8113'

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: _____ 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: 8113 ** 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: 3/7/2013 Email: RNATVIG@LARAMIE-ENERGY.COM

Attachment Check List

Att Doc Num	Name
2485794	FORM 5A SUBMITTED
2485795	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Subsequent form 5A submitted by Piceance to complete Delta's well file. Shows current status of formations.	3/11/2013 8:19:28 AM

Total: 1 comment(s)