

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

5. API Number <u>05-077-09717-00</u>	6. County: <u>MESA</u>
7. Well Name: <u>NVega</u>	Well Number: <u>22-234</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>22</u> Township: <u>9s</u> Range: <u>93w</u> Meridian: <u>6</u>	
9. Field Name: <u>BUZZARD CREEK</u> Field Code: <u>9500</u>	

Completed Interval

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

Treatment Date: _____ End Date: _____ Date of First Production this formation: 10/10/2009
Perforations Top: 8436 Bottom: 8516 No. Holes: 15 Hole size: 36/100

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: 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: 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

User Group	Comment	Comment Date
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)