

FORM
5ARev
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:

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Date Received:

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: 10394 4. Contact Name: Angie Galvan
 2. Name of Operator: CONDOR ENERGY TECHNOLOGY LLC Phone: (281) 716-5730
 3. Address: 3315 HIGHWAY 50 Fax: (281) 815-2882
 City: SILVER SPRINGS State: NV Zip: 89429

5. API Number 05-123-36316-00 6. County: WELD
 7. Well Name: LOGAN Well Number: 2H
 8. Location: QtrQtr: SWSE Section: 19 Township: 7N Range: 59W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/19/2013 End Date: 01/21/2013 Date of First Production this formation: 02/25/2013

Perforations Top: 6701 Bottom: 12808 No. Holes: _____ Hole size: _____

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

Fracture stimulation through a port and packer system with 4,127,107 lbs. of 20/40 sand. 369,045 lbs. of 40/70 sand, and 469,627 lbs. of 20/40 RC; the total amount of fluids used was 79,606 bbls. of fresh water.

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

Total fluid used in treatment (bbl): 79606 Max pressure during treatment (psi): 7233

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

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.82

Total acid used in treatment (bbl): _____ Number of staged intervals: 25

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

Fresh water used in treatment (bbl): 79606 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 4968078 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/04/2013 Hours: 6 Bbl oil: 122 Mcf Gas: 82 Bbl H2O: 304

Calculated 24 hour rate: Bbl oil: 488 Mcf Gas: 328 Bbl H2O: 1216 GOR: _____

Test Method: Jet Pump Casing PSI: 207 Tubing PSI: 3300 Choke Size: 64

Gas Disposition: FLARED Gas Type: WET Btu Gas: 1350 API Gravity Oil: 36

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5822 Tbg setting date: 02/13/2013 Packer Depth: 5822

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:

No pipeline was available for production of gas. The production of gas was flared pursuant to the approved Sundry Notice, Form 4. A pipeline will be constructed within the next 90 days.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Angelina Galvan

Title: Regulatory Analyst Date: _____ Email: Angie.Galvan@stxra.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)